

STRUCTURAL CONSTRAINTS, VOICE INFRASTRUCTURES AND MENTAL HEALTH AMONG LOW- WAGE MIGRANT WORKERS IN SINGAPORE: SOLUTIONS FOR ADDRESSING COVID-19

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ABOUT CARE

The Centre for Culture-Centred Approach to Research and Evaluation (CARE) at Massey University, Aotearoa New Zealand, is a global hub for communication research that uses participatory and culture-centred methodologies to develop community-driven communication solutions to health and wellbeing. Through experiments in methods of radical democracy anchored in community ownership and community voice, the Centre collaborates with communities, community organisers, community researchers, advocates and activists to imagine and develop sustainable practices for prevention, health care organising, food and agriculture, worker organising, migrant and refugee rights, indigenous rights, rights of the poor and economic transformation.

Prof Mohan J Dutta is the Director of CARE and author of books such as *Neoliberal Health Organizing*, *Communicating Health*, and *Voices of Resistance*.

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SOLUTIONS FOR ADDRESSING COVID-19

**MOHAN J DUTTA
CARE, MASSEY UNIVERSITY**

The white paper reported here draws on the key tenets of the culture-centered approach (CCA) to center community voice in developing an explanatory framework for understanding COVID-19-related behaviors, situating these behaviors within their structural contexts and foregrounding the capacities of communities at the margins to develop solutions. It is with this principle that the first white paper put forth solutions based on ethnographic interactions and in-depth interviews. This study reports on the survey that was developed from the qualitative research. Responding to the context of COVID-19 and the increasing incidence rate among dormitories housing migrant workers, specific challenges are outlined, wrapping up with recommendations for solutions.

METHOD

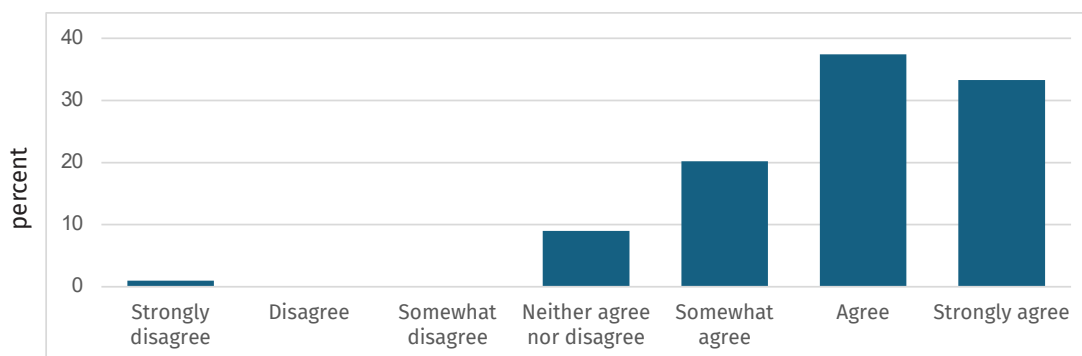
This study reports from a survey designed on the basis of the inductive community-anchored research reported in Study 1. The constructs were developed through an iterative conversation between the emergent themes in the qualitative analysis and a systematic literature review (including review of the regulatory framework around COVID-19). The initial survey was pilot tested. Participants were recruited through snowball sampling, with the link to the survey circulated in networks of low-wage migrant workers. In addition, migrant workers were recruited through social networks and the survey was administered over phone. The sample comprises predominantly Bangladeshi migrant workers, with representation by a smaller number of Indian workers. The sample does not include Chinese workers. The current study suffers from multiple limitations, including the method of recruitment. Given the snowball method of circulating the survey link, quality control is difficult. However, a large majority of the data gathering took place over the phone, enabling verification. When the analysis was run with the phone-only sample, the same patterns were retained for the reported variables. Future research with this population ought to use a randomized method of recruitment. Also, the current report is based on a relatively small sample size, with $n = 101$ usable responses (Total responses = 116). Given the sensitivity of the topic and the concerns expressed by workers about confidentiality, information about places of living as well as demographic information were not gathered.

FINDINGS

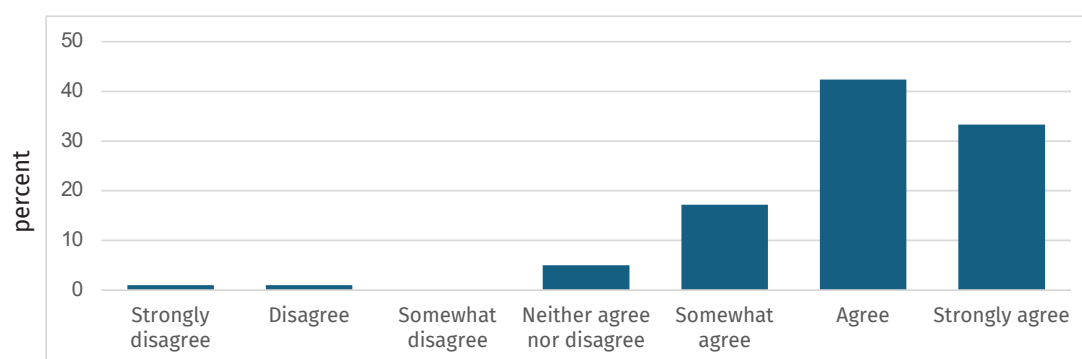
The findings are divided into the key themes, drawing upon the salient issues that emerged in the in-depth interviews. In this section, I will cover (a) preventive behaviors; (b) structural constraints; (c) wage/salary; (d) voice; and (e) mental health. Of particular concern is the mental health of the workers, with anxiety regarding infection, uncertainty about wages, and prevailing sense of fear in speaking up.

PREVENTIVE BEHAVIOURS

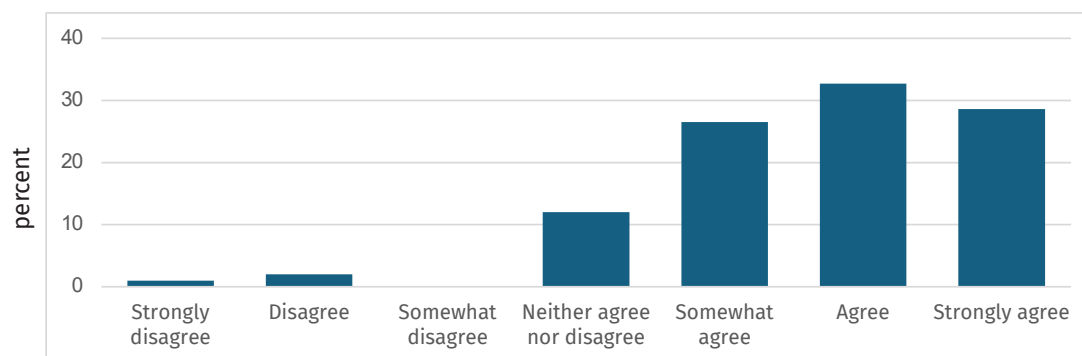
Most of the participants demonstrated a strong sense of awareness about the preventive steps to be followed to stop the spread of COVID-19. For a large majority of low-wage migrant workers in Singapore, self-reported awareness of preventive measures is high. In response to the statement, **“I am aware of the preventive steps I need to take to protect myself from COVID-19”**, 20.2% “somewhat agreed,” 37.4% “agreed,” and 33.3% “strongly agreed.”



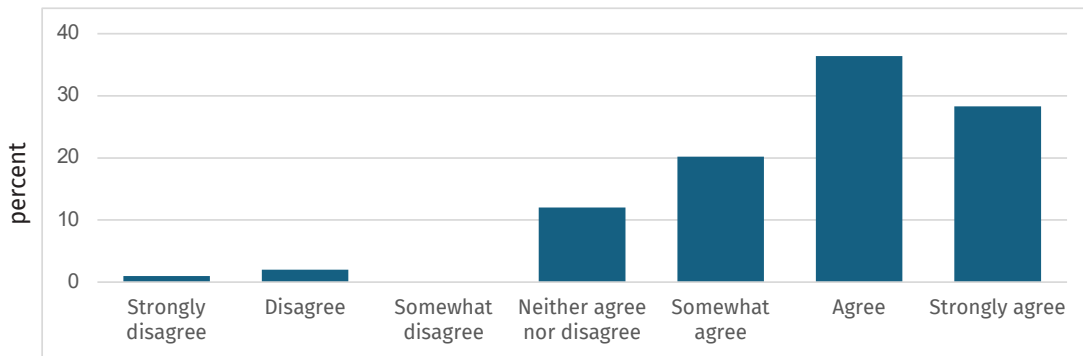
In addition, most of the participants agreed that they were aware of the one metre rule of social distancing for preventing the spread of COVID-19. In response to the statement, **“I am aware of the one metre rule for preventing the spread of COVID-19”**, 17.2% “somewhat agreed,” 42.4% “agreed” and 33.3% “strongly agreed”.



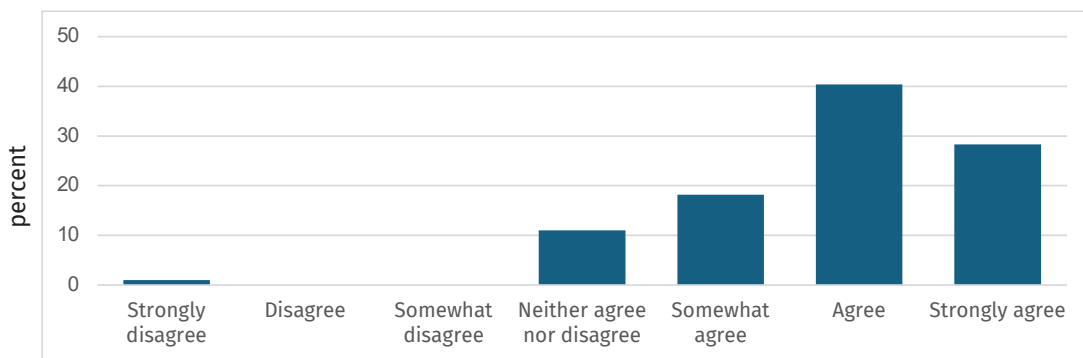
Participants noted that they were largely following the guidelines for preventive behaviour outside. In response to the statement, **“I am avoiding interactions with other migrant workers outside”**, 26.5% “somewhat agreed,” 32.7% “agreed” and 28.6% “strongly agreed”.



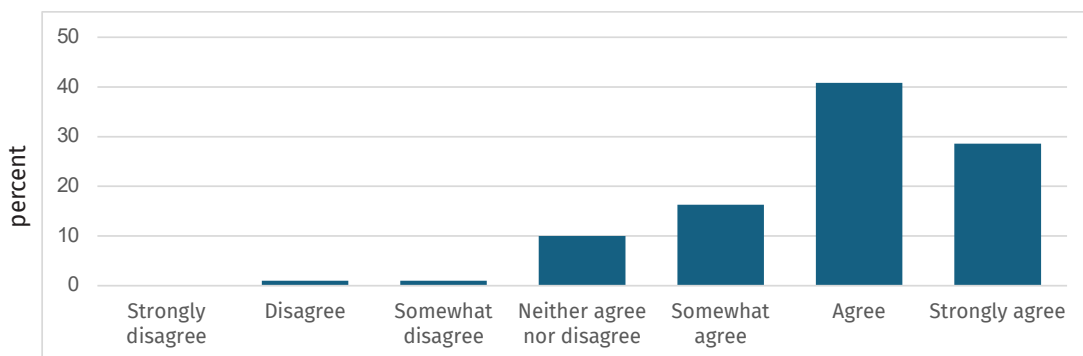
Participants further noted that they were taking care not to intermingle with other workers outside of their rooms in their dorms. In response to the statement, **“I am not inter-mingling with other residents between blocks or between floors”**, 20.2% “somewhat agreed”, 36.4% “agreed”, and 28.3% “strongly agreed”.



In response to the statement, **“I am not leaving the room unless necessary”**, 18.2% “somewhat agreed”, 40.4% “agreed”, and 28.3% “strongly agreed”.

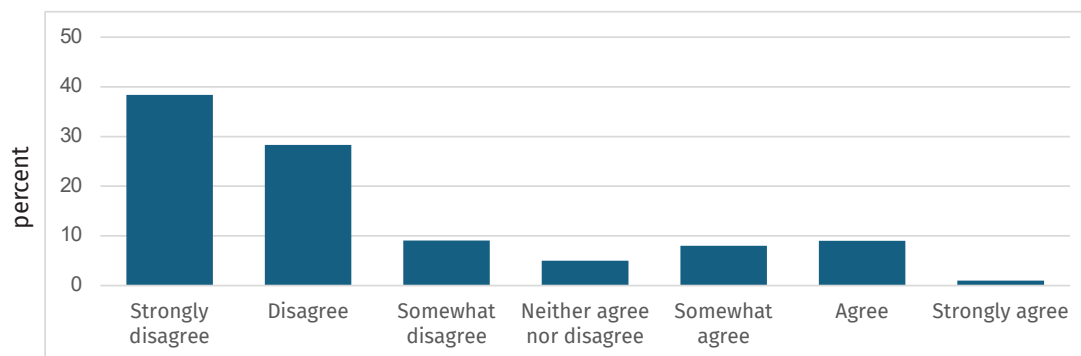


Participant responses were similar when discussing their movements outside the dormitory. In response to the statement, **“I am not leaving the dormitory to go outside”**, 16.3% “somewhat agreed”, 40.8% “agreed” and 28.6% “strongly agreed”.

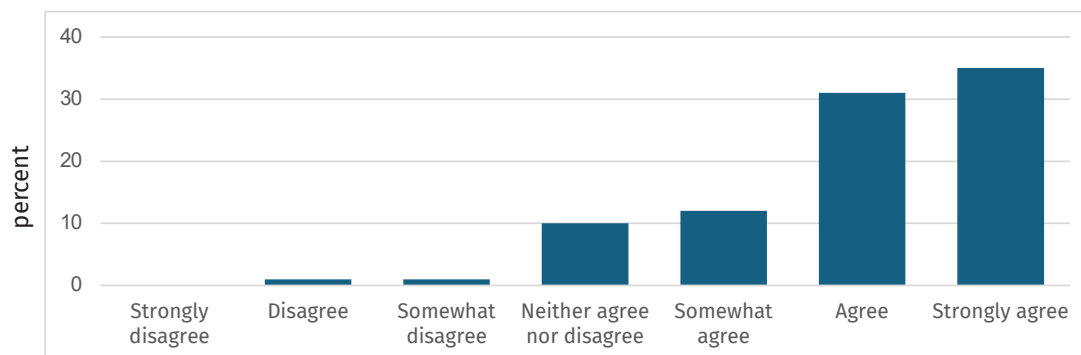


STRUCTURAL BARRIERS: ACCOMMODATION

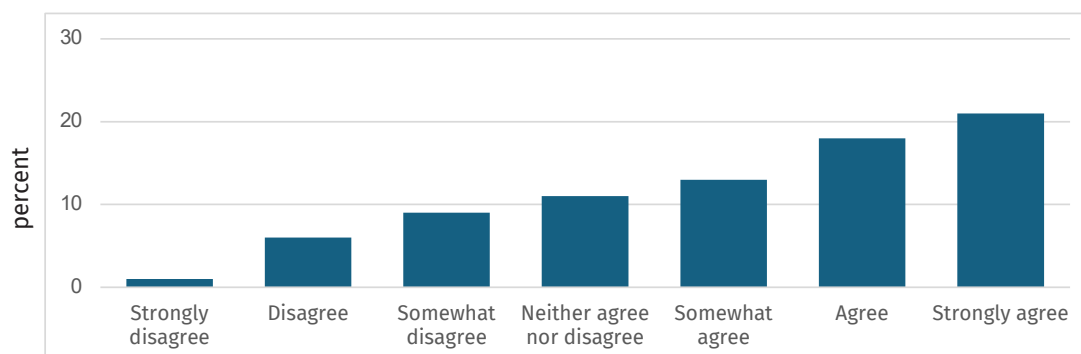
For the participants, the key barriers to behavior were structural. These structural barriers meant that the participants felt constrained in practicing the recommended health behaviors. The in-depth interviews conducted as part of the qualitative component of this project point consistently to worker concerns about housing. For a large majority of low-wage migrant workers in Singapore, self-reported practice of one metre distance in the dorms was unlikely. In response to the statement, **“I am able to follow one meter rule of social distance where I stay”**, 38.4% “strongly disagreed,” 28.3% “disagreed,” and 9.1% “somewhat disagreed.”



Most of the workers attributed this inability to follow the one meter rule to the cramped conditions in the dormitory. In response to the statement, **“I can’t follow the one metre rule of social distance because of cramped conditions in the dormitory”**, 12% “somewhat agreed,” 31% “agreed,” and 35% “strongly agreed.”

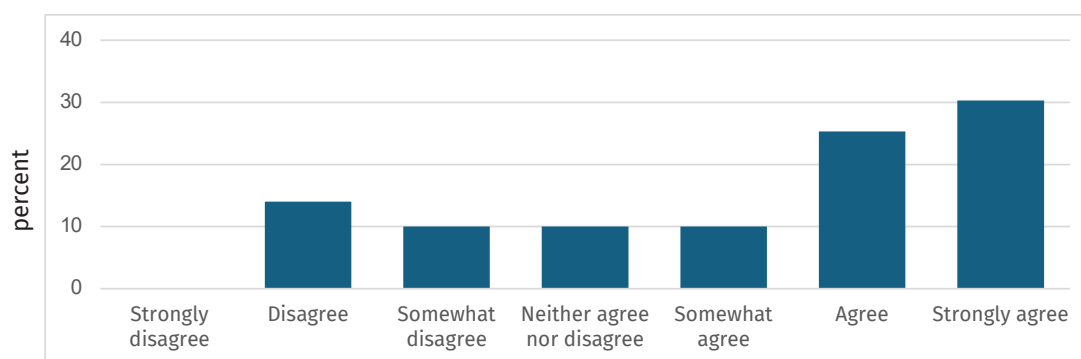


In this backdrop, the participants note that the room where they are staying is unhygienic. To the statement **“The room where I am staying is unhygienic”**, 13.1% participants indicated they “somewhat agreed,” 27.3% “agreed,” and 31.3% “strongly agreed.”



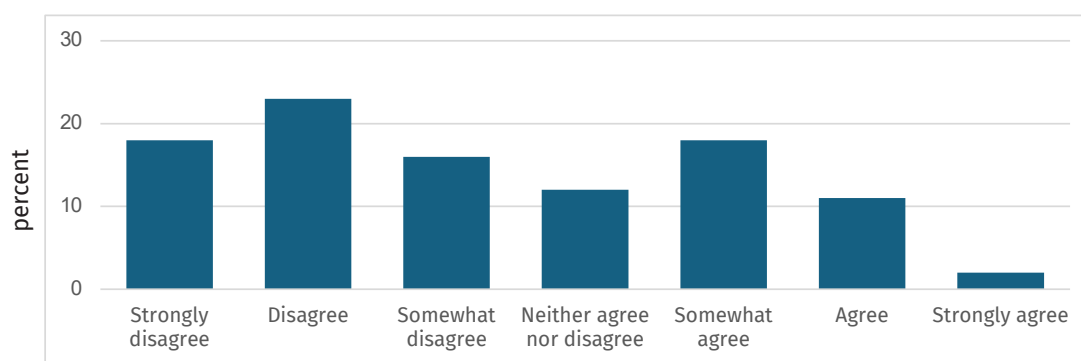
Juxtapose these structural barriers to following the one metre rule in the backdrop of the participant reports of following the one metre rule outside of the room. This is borne out by the qualitative data, where the participants interrogate the meaningfulness of the one-metre rule imposed outside if it results in cramped conditions inside the room, that according to them are more likely to lead to infections.

In addition to the cramped conditions in the rooms, the participants point to the pressures on the already scarce toilets because of the increased number of workers that are now staying in their rooms all day. In response to the statement, **“The toilet where I am staying is dirty”**, 10.1% respondents “somewhat agree,” 25.3% respondents “agree” and 30.3% respondents “strongly agree.”

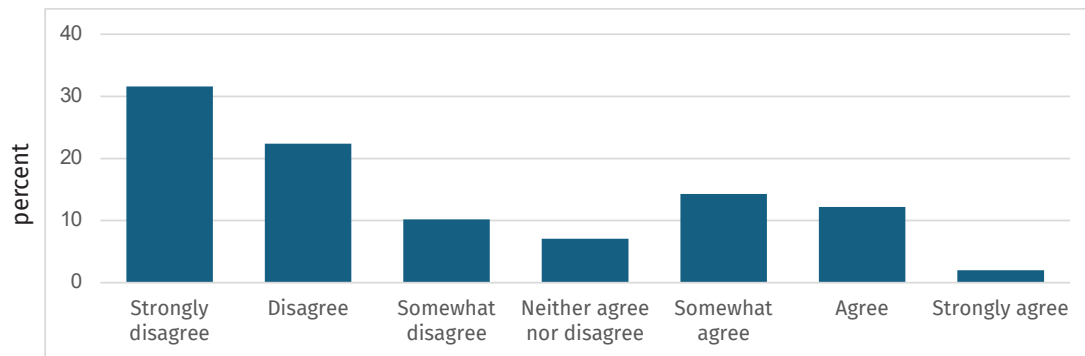


STRUCTURAL BARRIERS: WATER AND SOAP

When asked about the availability of soap and sanitizer, 18% of the participants indicated that they “strongly disagreed” with the statement, **“I have adequate supply of soap and hand sanitizer to wash my hands.”** Moreover, 23% stated that they “disagreed,” 16% “somewhat disagreed,” 12% “neither agreed nor disagreed,” 18% “somewhat agreed,” 11% “agreed,” and 2% “strongly agreed.”

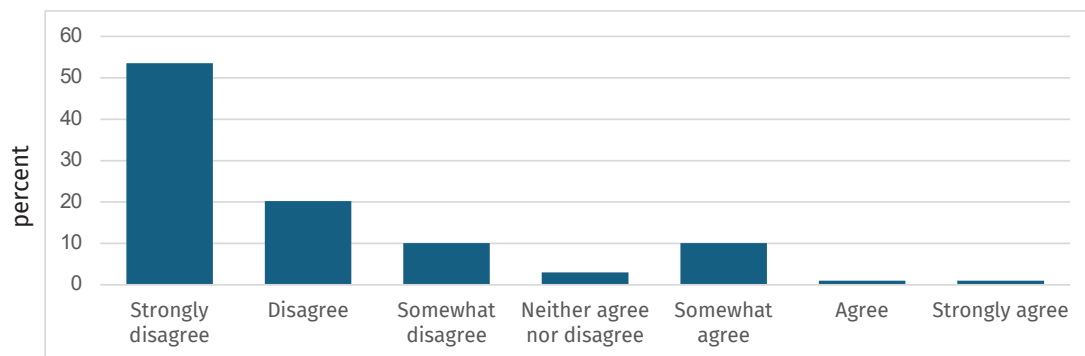


Similarly, 31.6% of the participants indicated that they “strongly disagreed” with the statement **“I have adequate supply of water to wash my hands.”** Moreover, 22.4% stated that they “disagreed,” 10.2% “somewhat disagreed,” 7.1% “neither agreed nor disagreed,” 14.3% “somewhat agreed,” 12.2% “agreed,” and 2 % “strongly agreed.”

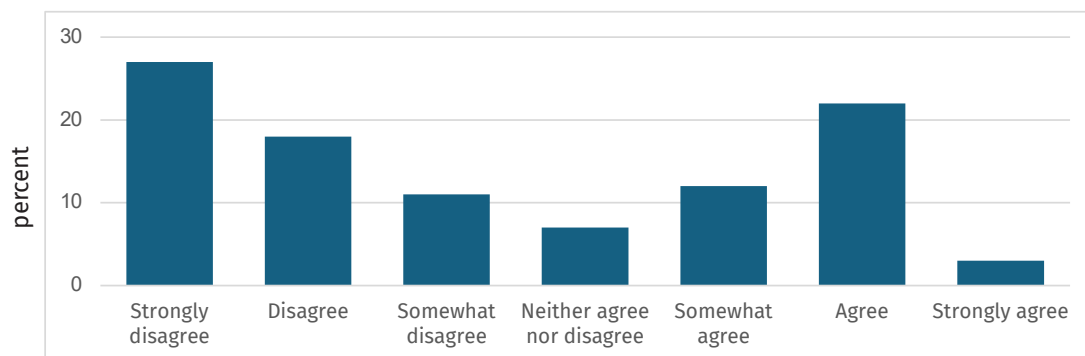


WAGE/SALARY

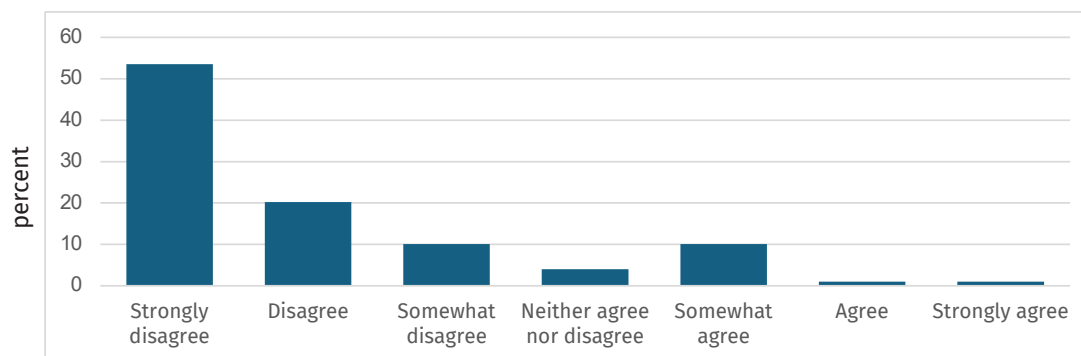
For a large majority of low-wage migrant workers in Singapore, having access to wages amidst the lock-down is a key concern. In response to the statement, **“I am confident that I will get my salary although I have not been working because of COVID-19,”** 53.5% “strongly disagreed,” 20.2% “disagreed,” and 10.1% “somewhat disagreed” while 10.1% “somewhat agreed.”



When asked about the government’s policy response supporting low-wage migrant workers, 27% of the participants indicated that they “strongly disagreed” with the statement **“I am aware of the government payment to migrant workers because of COVID-19.”** 18% stated that they “disagreed,” 11% “somewhat disagreed,” 7% “neither agreed nor disagreed,” 12% “somewhat agreed,” 22% “agreed,” and 3% “strongly agreed.”

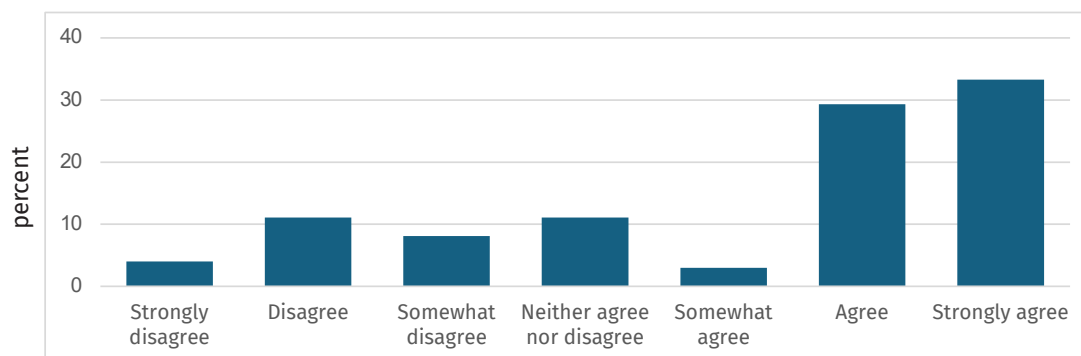


Most of the participants who responded to the survey noted that they did not feel confident that they would receive their wage/salary. 53.5% of the participants indicated that they “strongly disagreed” with the statement **“I am confident that I will get my salary although I have not been working because of COVID-19.”** Moreover, 20.2% stated that they “disagreed,” 10.1% “somewhat disagreed,” 4 % “neither agreed nor disagreed,” 10.1% “somewhat agreed,” 1% “agreed,” and 1% “strongly agreed.”

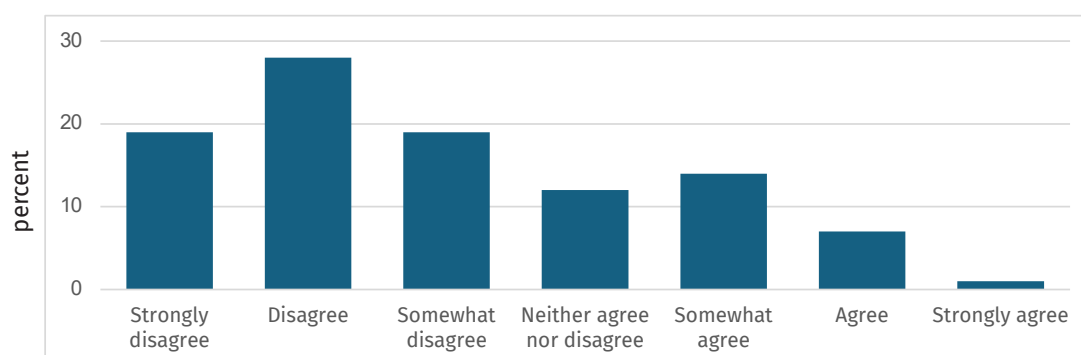


LACK OF VOICE

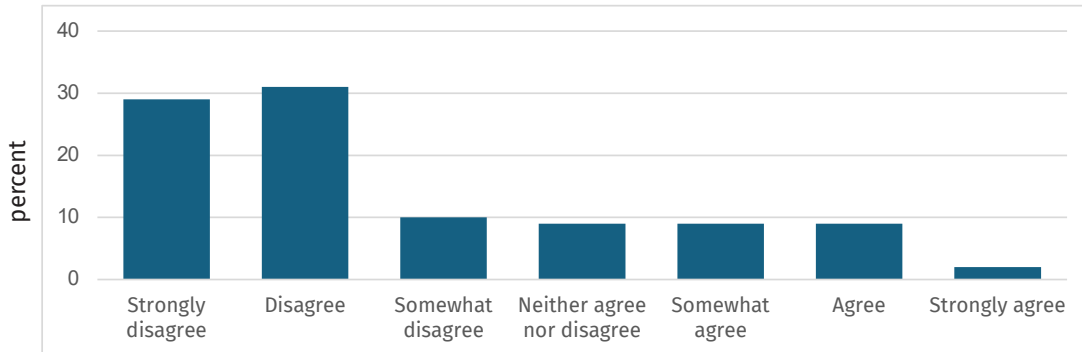
In the backdrop of the strong structural barriers and the lack of certainty regarding the payment of wages/ salaries, 33.3% of the participants indicated that they “strongly agreed” with the statement **“I feel scared to bring up any issues I am experiencing.”** Moreover, 29.3% stated that they “agreed,” 3% “somewhat agreed,” 11.1% “neither agreed nor disagreed,” 8.1% “somewhat disagreed,” 11.1% “disagreed,” and 4% “strongly disagreed.”



Participants reported their knowledge of how to approach the Ministry of Manpower to share any challenges they face. In response to the statement, **“I know how to approach the Ministry of Manpower to share any challenges I am facing,”** 19% “strongly disagreed,” 28% “disagreed,” and 19% “somewhat disagreed” while 14% “somewhat agreed.”

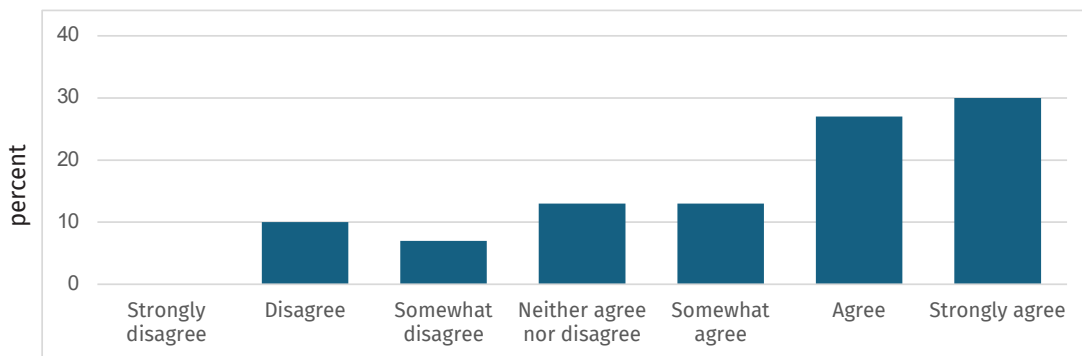


In response to the statement, **“If I have difficulties, I know whom to talk to”**, 29% “strongly disagreed,” 31% “disagreed,” and 10% “somewhat disagreed” while 9% “somewhat agreed” and 9% “agreed.”

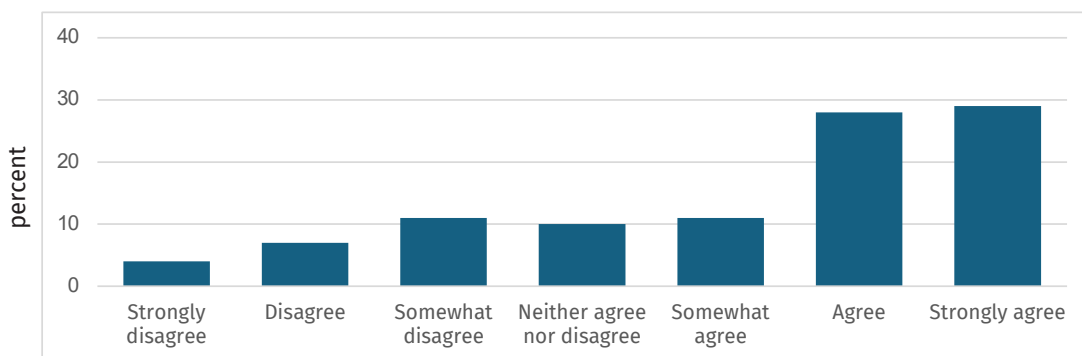


MENTAL HEALTH

In response to the statement, **“I feel sad,”** 13% “somewhat agreed,” 27% “agreed,” and 30% “strongly agreed.”



In response to the statement, **“I feel depressed,”** 11% “somewhat agreed,” 28% “agreed,” and 29% “strongly agreed.”



RECOMMENDED SOLUTIONS

Supporting the key tenets of the culture-centered approach (CCA) (Dutta, 2008), this survey demonstrates that health behaviors are situated amidst structures. The absence of structures of accommodation foster conditions within which preventive behaviors become difficult if not impossible to practice. Moreover, one set of behavioral responses (not going outside) contribute to risky behaviors in another context (overcrowding inside the room) in the absence of structural resources.

Also, the absence of voice infrastructures mirrors the absence of structural resources for low-wage migrant workers in Singapore to enable the practice of preventive behaviors. On one hand, the participants self-report practicing the recommended preventive behaviors outdoors and simultaneously being constrained in doing so within the rooms. The overcrowding in the rooms is accompanied by the unhygienic conditions in the rooms and the lack of cleanliness of the toilets.

Participants note the shortage of water. All of these structural challenges are reified by the absence of voice infrastructures. The power held by the employers and dormitory owners, accompanied by the absence of transparent and safe infrastructures for raising complaints translates into the unhealthy structures remaining intact, which most likely contributes to the further spread of COVID-19.

Based on this survey and in conversation with the participants that have been interviewed, the following key suggestions are offered. These suggestions complement the suggestions offered in the white paper on the COVID-19 clusters in migrant worker dormitories issued on 13/4/2020. Also, the suggestions here complement the broader infrastructural solutions outlined earlier:

- Create immediate residential infrastructures for all workers, limiting the number of workers to 3-4 per room.
- Ensure the residential infrastructures have adequate toilets and showers, limiting the numbers to 3-4 workers per toilet and shower.
- Ensure availability of cleaning supplies.
- Ensure availability of running water.
- Ensure adequate waste disposal.
- Create communication infrastructures for workers to share their inputs.
- Make these communication infrastructures for workers visible and easily accessible.
- Create infrastructures for workers to easily access media and civil society.
- Ensure workers that raise concerns are protected.
- Foster an open communication climate with employers that enables worker voice.
- Create mental health support and counselling services available to workers.
- Ensure workers are able to communicate with their families.
- Create digital capabilities that are accessible so migrant workers can stay connected with their networks.
- Ensure worker wages/salaries are paid on time. Transfer wages/ salaries directly to accounts of workers.
- Reassure workers that their salaries/wages will be paid.

In the climate of fear, civil society organizations ought to be particularly careful about securing informed consent in representing issues. Care needs to be taken to protecting the security, health, and wellbeing of the workers. For civil society, it is vital that the same power differentials are not reified through behaviors that further silence workers.

At the time of writing this white paper, the state has developed new sets of measures, already incorporating some of these suggestions. In the midst of the crisis, the ability of the policy framework to rapidly address the structural features is vital. Most importantly, over the long run, the following solutions are vital to worker empowerment in preventing similar crises in the future.

- Legalise a framework for worker-led and worker-owned unions that represent the needs of low-wage migrant workers.
- Create infrastructures for sustaining worker-led solutions to long-term health and wellbeing.
- Build infrastructures anchored in principles of worker health and wellbeing.

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