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HEALTHCARE ACCESSIBILITY IN SINGAPORE

The experience and health-seeking behaviour among low-skilled migrant workers in Singapore

Karen Tay Hengst

WATER FOOD ***DIABETES*** AYURVEDA ***GENETICS*** POVERTY ***YOGA*** STDS ***HISTORY*** SEX ***SOCIETY*** FAMILY PLANNING ***CASTE*** GENDER ***RIOTS*** RELIGION ***HEALTH*** DEMOCRACY ***FLOODING*** WASTE-MANAGEMENT ***UNANI*** PSYCHOLOGY ***FOLK MEDICINE*** AFFIRMATIVE ACTION ***GLOBALISATION*** BIOCHEMISTRY ***OLD AGE*** REPRODUCTIVE HEALTH ***MALARIA*** POLICY ***HIV AIDS*** WHO ***MEDICOSCAPES*** COLONIALISM ***PHARMACY*** RELIGION ***LEPROSY*** BOTOX ***DEHYDRATION*** NGOs ***AYUSH…***

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List of Abbreviations

A&E	Accident and Emergency
CT	Computed Tomography
EA	Employment Act
ECA	Employment Claims Act
EFMA	Employment of Foreign Manpower Act
EP	Employment Pass
HDI	Human Development Index
HOME	Humanitarian Organisation for Migration Economics
ILO	International Labour Organisation
LOG	Letter of Guarantee
MOM	Ministry of Manpower
MRI	Magnetic Resonance Imaging
NAS	North Asian Sources
NGO	Non-Profit Organisation
NTS	Non-Traditional Sources
PRC	People's Republic of China
SGD	Singapore Dollar
SSO	Singapore Statutes Online
UNDP	United Nations Development Programme
U.S.	United States of America
WICA	Work Injury Compensation Act
WSH	Workplace Safety and Health

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Summary

Increasing economic globalisation creates a supply of migrant workers from less developed countries, which will engage in low-skilled jobs in developed countries in pursuit of a better income to support their family back home. The rapid development of Singapore has also contributed to the influx of migrant workers. In 2017, Singapore had a population of about 5.6 million, among which the migrant workforce accounted for up to 1.3 million, 24.4 percent of the total population (Data.gov.sg 2018a). In Singapore, low-skilled migrant workers often take up jobs in hazardous industries, which are commonly shunned by the local workforce due to the stressful and dangerous working environment, low pay, and long working hours (Chok 2017). Due to the hazardous nature of these jobs, it is crucial for these migrant workers to have knowledge of and access to healthcare services in Singapore. However, migrant workers are a neglected population that are left with minimum social protection and unequal healthcare access compared to a country's local workforce.

This thesis studies the healthcare accessibility and the possible health inequalities experienced by low-skilled migrant workers, holding the *Work Permit for Foreign Worker* pass, in The Republic of Singapore. It aims to answer the following research question: "What is the level of access to and use of healthcare services among low-skilled migrant workers in Singapore?" To achieve this, a two-month fieldwork was conducted in Singapore with a Non-Profit Organisation (NGO) known as the Humanitarian Organisation for Migration Economics (HOME). Data for this research were collected through the use of participant observation and focus group discussions, in order to capture the individual experiences and a group perspective of the migrant workers' experiences and challenges faced in accessing and using healthcare services in Singapore. For this research, the detailed experiences of two injured migrant workers and the group perspective of 17 migrant workers, will be narrated and analysed in chapter five and six respectively.

The findings in this thesis demonstrated how structural violence is rooted in social structures and enforced in the migrant workers' everyday lives within the Singapore society (Farmer 2003). The findings suggest four types of structural violence that contributed to the barriers faced by low-skilled migrant workers in accessing and using healthcare in Singapore: (a) the migrant workers' dependency on employers to provide accurate salaries, timely LOGs, and accurate information about healthcare resources, (b) the ambiguity and gaps of employment regulations, (c) the burden of evidence collection placed on migrant workers to report

employers' non-compliance of medical upkeep, and (d) the migrant workers' choice of prioritising continuation of employment over their health. The findings showed that the access to and use of healthcare services among low-skilled migrant workers is largely dependent on the employer. This demonstrated the imbalanced power relationship between employers and low-skilled migrant workers in Singapore, which influences the health-seeking behaviours of these migrant workers. The thesis argued that low-skilled migrant workers in Singapore are victims of structural violence embedded within the society, in which the regulations indirectly support the imbalanced power relationship. This reinforces migrant workers' dependency on their employers, hence allowing employers to limit and influence their healthcare decisions and healthcare accessibility in Singapore.

1. Introduction

> "Last time no have enough money to live. So I want to earn more money. Our country no have proper job place. My family is poor, so my family told, you go any country and earn more money and support family."
>
> A Bangladeshi migrant worker on the reasons for leaving his home country.

Increasing globalisation has enabled the efficient movement of goods, services, people, technology, and information. Over the years, the growth of economic globalisation has encouraged the movement of people from their countries of origin to more developed countries, in pursuit of a better life. In 2014, The International Labour Organisation (ILO) estimates that approximately 232 million people, equivalent to 3.1 percent of the global population, were considered to be migrants (ILO 2018, 32). This creates the supply and demand for human labour, which motivates the movement of people across borders in pursuit of improved employment opportunities. Economic migration is often regarded as a practical strategy for individuals living in developing countries, especially in countries with increasing poverty and unemployment issues (Menski 2002, 9; ILO 2018, 82). These conditions create a supply of migrant workers from less developed countries to take up low-skilled jobs in developed countries in hope of improving the lives of their family back home (ILO 2018, 82).

Migrant workers are often self-motivated or encouraged by their family members to work abroad, in developed countries, to support and provide a better life for their families. Commonly, these migrant workers support a family of at least four to six members in their country of origin (Ang et al. 2017; Lee et al. 2014). Given the responsibility to support multiple dependents back home, low-skilled migrant workers are prone to accept poor employment terms and practices in order to secure employment in developed countries. Usually, it is a choice of either sub-standard employment terms in a developed country paired with better earning power, or unemployment or low wage jobs in their home country (Holmes 2013; Walter et al. 2002). Hence, it is not surprising that low-skilled migrant workers would subject themselves to such vulnerabilities, in pursuit of a better standard of living for their families. Some of these poor employment terms include poor working conditions, high recruitment fees, low wages, unequal pay based on nationality, long working hours, insufficient rest days, no access to proper food, poor living conditions, unfair treatment, and

the absence of medical insurance or lack of awareness of company-purchased medical insurance (Chok 2017; Holmes 2013).

Low-skilled migrant workers often take up jobs in hazardous industries that are commonly shunned by the local workforce due to the dangerous working environment, low pay, and long working hours (Chok 2017; Holmes 2013). For instance, migrant workers in the United States (U.S.) who are employed in the farming industry, are exposed to occupational injuries such as pains, sprains, and joint dislocation due to repetitive movements, as well as skin diseases resulting from pesticides and chemicals used in the crop fields (Arcury and Quandt 2007; Holmes 2013). While migrant workers employed on construction sites, in the Gulf region and Singapore, are exposed to similar occupational injuries, they are also subjected to transport accidents, falls from height, as well as the risk of being struck by falling objects on the construction sites (Chok 2014; Joshi et al. 2011). Besides poor employment terms and occupational hazards, migrant workers are exposed to a high level of mental stress and anxiety that can be caused by gender roles, the immense responsibility of supporting their family, large debts in their home country, loneliness, as well as feelings of isolation while living in a foreign country (Sargent and Larchanché 2011; Walter et al. 2002). As Walter et al. point out, male migrant workers from Mexico strongly relate their ability to support the family with their masculine identity (2002). Such mental pressures to fulfil their gender roles motivate them to work long hours without sufficient rest or days off. Hence, the lack of employment or the inability to work due to workplace injuries will cause them to feel that they have failed as men and fathers.

Around the world, low-skilled migrant workers substantially contribute to the host country's development and economic advancement (ILO 2018, 82). However, low-skilled migrant workers are a neglected population that are left with minimum social protection, and are exposed to a multitude of inequalities, as well as unequal access to healthcare in the host country of employment (ibid). The vulnerable situation of low-skilled migrant workers can be observed in many developed countries, such as Mexican migrant workers in the U.S., Nepalese migrant workers in the Gulf countries, Filipino migrant workers in Hong Kong, Indonesian migrant workers in Malaysia, and Bangladeshi migrant workers in Singapore. Due to social inequalities and unequal access to resources, certain groups and populations are more exposed to diseases and illnesses (Singer and Baer 2012, 176). Hence, the inequalities in health and healthcare access are widely studied in medical anthropology. Social inequalities

can be seen in many different aspects of our lives, from life opportunities in education, housing, employment, treatment in the community to healthcare accessibility (ibid, 180). These social inequalities are a form of structural violence that are built into social structures and appear in the form of unequal power and life opportunities (Galtung 1969, 171). Due to the hazardous and stressful nature of low-skilled jobs, it is crucial for migrant workers to have access to healthcare services in the host country of employment. Often, migrant workers who are engaged in labour-intensive jobs in developed countries are more prone to injuries and illnesses, but they do not have the same healthcare access as the local population (Holmes 2013). Hence, it is important to study the health disparities within a community, as it highlights the implicit social conditions that contribute to the different health problems and unequal healthcare access among the different groups within the community.

This thesis aims to study and raise awareness for the possible health inequalities experienced by low-skilled migrant workers, with a focus on migrant workers in The Republic of Singapore. In order to achieve this, a two-month fieldwork was conducted in Singapore with a Non-Profit Organisation (NGO) known as the Humanitarian Organisation for Migration Economics (HOME). The thesis will be focusing on migrant workers holding the *Work Permit for Foreign Worker* pass. This focus is required due to the differing issues, policy restrictions, and level of protection that are put in place for the different groups of Work Permit holders in Singapore. This focus shall not suggest that one group of Work Permit holders is of more importance, or in a less privileged situation compared to the other groups of Work Permit holders. Henceforth, work permit holders mentioned in this thesis will thus specifically refer to low-skilled migrant workers who are employed under the *Work Permit for Foreign Worker* pass. During the course of my research, I aim to answer the following research question: "What is the level of access to and use of healthcare services among low-skilled migrant workers in Singapore?" In my thesis, I attempt to demonstrate that the access and use of healthcare services among low-skilled migrant workers is largely dependent on the employer. This would demonstrate an imbalanced power relationship between employers and low-skilled migrant workers in Singapore, which influences the health-seeking behaviours of these migrant workers. I would also argue that the poor working conditions and treatment of low-skilled migrant workers is a result of structural violence that is further reinforced by the legal framework in Singapore.

1.1 The Republic of Singapore

Singapore is a developed country that is relatively young and small. The country is only 53 years old and has a population of approximately 5.6 million with an area of only 719.9 square kilometres (Department of Statistics Singapore 2018). Singapore is known for its multi-ethnic society, as a result of its immigrant history. In the early 18th century, Singapore was declared a free port due to its strategic location, attracting traders and migrant workers from neighbouring countries in pursuit of improved employment opportunities. A large share of these migrant workers continued living in Singapore, contributing to its multi-ethnic society today. Singapore has four main ethnic groups, which includes Chinese (74.3 percent), Malay (13.3 percent), Indian (9.1 percent), as well as others (3.3 percent) (Data.gov.sg 2018b). Hence, four languages, English, Mandarin, Malay, and Tamil are spoken in Singapore.

Since its independence in 1965, Singapore has grown rapidly throughout the last decades. The rapid growth of Singapore can be observed through the Human Development Index (HDI) as shown in Figure 1. The HDI was developed by the United Nations Development Programme (UNDP) to assess the development of a country, including the measurement of the following dimensions; a long and healthy life, being knowledgeable and having a decent standard of living (UNDP 2018b). Singapore's HDI has been steadily increasing throughout the last decades. In 2015, the development of this young nation was at a level comparable to Germany.

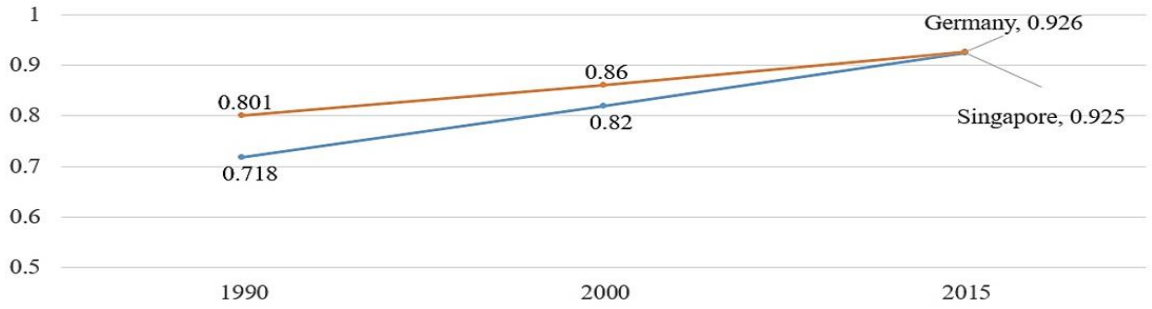


Figure 1: HDI of Germany and Singapore (UNDP 2018a).

The rapid development of Singapore has contributed to the influx of migrant workers. In 2017, Singapore had a population of about 5.6 million, among which the migrant workforce accounted for up to 1.3 million, 24.4 percent of the total population (Data.gov.sg 2018a). Figure 2 illustrates the total population and migrant workforce over the last four years, showing that the migrant workforce consistently makes up approximately 24 percent of Singapore's total population.

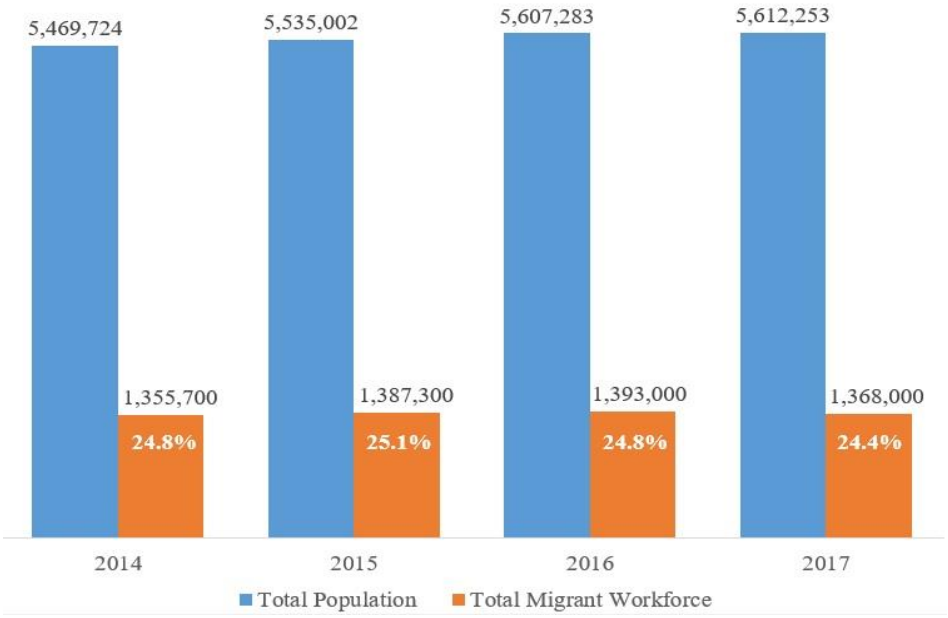


Figure 2: Total Population and Migrant Workforce in Singapore (Data.gov.sg 2018a)

In order to oversee the increasing migrant population, the Singapore government developed the work pass system, managed by the Ministry of Manpower (MOM); one of the governmental bodies of Singapore. The work pass system divides the non-resident population into five main categories[1]. For the purpose of this thesis, the research will focus on migrant workers who are categorised as "Professionals" and "Skilled and Semi-skilled workers", whereby the work passes they hold are designated as Employment Pass (EP), S Pass, and Work Permit (MOM 2018b). The Singapore work pass system will be examined in detail in chapter three.

Throughout my fieldwork, I was often asked by family and friends about my thesis topic. There was one encounter that left a deep impression. A friend of mine whom I had known for many years, with a similar educational background, responded to my thesis topic with great curiosity, "Why should these migrant workers be given equal healthcare access as Singaporeans? Healthcare priority needs to be given to Singapore citizens". This comment took me by surprise. It reminded me of the differing perceptions that Singaporeans may have towards migrant workers, and how such negative perceptions may have been normalised in the daily lives of Singaporeans. Such negative perceptions could subject migrant workers,

[1] The Singapore work pass system divides the non-resident population into (a) professionals, (b) skilled and semi-skilled workers, (c) trainees and students, (d) family members, and (e) exemptions and working while on a visit pass (MOM 2018b).

especially low-skilled migrant workers, to poor employment practices and ill-treatment by fellow Singaporeans.

Employment plays a crucial role in the lives of every individual, in terms of survival, self-identity, self-worth, and personal development (ILO 2018, 10). Hence, employment should exist to improve the lives and identity of individuals, and not be used as a way to devalue or categorise people. Despite one's level of skill, employment should be valued, treated equally, and allow equal access to healthcare within any society. Unfortunately, this is not the case in many developed societies today. Low-skilled migrant workers are vulnerable to poor employment practices, occupational hazards and a high level of mental stress. Given such vulnerabilities, it would be essential for these migrant workers to have access to healthcare services in order to maintain their health and well-being, in their host country of employment.

The thesis will begin by examining existing literature, on a global level, regarding the vulnerabilities of migrant workers and the barriers faced while accessing healthcare services in their host country of employment. Chapter three will focus on the low-skilled migrant workers in Singapore and examine the Singapore work pass system in detail. The concept of structural violence, as well as its applicability to the work pass system, will be introduced. Here, I would demonstrate the existence of an imbalanced power relationship between the low-skilled migrant workers and employers. I would also like to suggest that the economic migration and the terms that the low-skilled migrant workers are subjected to, under the work pass system, can be seen as a form of structural violence.

Before presenting the findings, chapter four will outline the selected research methods, namely participant observation and focus group, and the field, HOME, will be introduced. Here, I will elaborate on the aim of the selected research methods and the implementation process. Chapter five will illustrate the detailed experiences of two low-skilled migrant workers, namely Tanvir and Jahid, who had suffered from a workplace injury in Singapore. The narratives aim to present, from the migrant workers' perspectives, the experiences and challenges they faced in accessing and using the healthcare services in Singapore. Through the narratives, I would like to demonstrate the existence of an imbalanced power relationship and how the structures in Singapore encourage and normalise the poor healthcare access and treatment of low-skilled migrant workers. The names used throughout this thesis are amended to ensure the anonymity of the individuals mentioned.

Chapter six will present the findings of two focus groups. The focus groups aim to obtain a group perspective on the low-skilled migrant workers' perception of health, their patterns of health-seeking behaviours, the challenges they face accessing healthcare services, and the recommendations to improve healthcare accessibility for migrant workers in Singapore. Here, I will identify the similarities among the group findings and the individual experiences, as I highlight the vulnerabilities and challenges that migrant workers face in accessing healthcare services, as well as the coping mechanisms used to overcome the challenge of healthcare accessibility in Singapore. Lastly, the thesis will conclude with the research limitations and recommendations for future research.

2. The healthcare needs and accessibility among migrant workers

2.1 The vulnerabilities of migrant workers

Often, migrant workers from less developed countries are motivated to leave their home country, to take up low-skilled jobs in developed countries in pursuit of a better income to support their family in their home country. Studies have shown that these migrant workers are more likely to be vulnerable to poor employment practices, unsafe working environments, and a high level of mental stress (Chok 2017; Sargent and Larchanché 2011). Given the immense responsibility to support the family, migrant workers would take up labour-intensive jobs in hazardous industries that are shunned by the local workforce. Some of these hazardous industries would include construction, farming, manufacturing, and marine shipyard. Low-skilled jobs in these industries often require migrant workers to work long hours at top speed, with limited breaks, safety gear, tools and manpower, to meet the deadlines and expectations set by their employers (Chok 2014; Holmes 2013). These circumstances subject the migrant workers to higher chances of occupational accidents and injuries.

Additionally, studies have shown that low-skilled migrant workers are commonly faced with language barriers in the country they are employed in (Holmes 2013; Sargent and Larchanché 2011). Without the language ability, migrant workers are reliant on their employers to provide information on their contracts, rights and services in the country. Without the knowledge and language ability, low-skilled migrant workers are vulnerable to their employers' poor treatment, employers' withholding of salary, and threats of salary deductions and repatriation (Holmes 2013; Yea and Chok 2018). Furthermore, migrant workers are exposed to a high level of mental stress and anxiety due to the financial and job insecurities. Often, migrant workers incur large debts in their home country to secure employment in developed countries (Gardner 2010; Holmes 2013). Hence, unpaid salaries, deductions of wages as a form of punishment, and the possibility of forced repatriation place immense mental stress on the migrant workers who are dependent on their income to support their family back home.

Healthy, able-bodied migrant workers leave their home country to work and contribute to the economies of developed countries (ILO 2018, 82). The immense pressure to maintain employment exposes them to multiple types of physical and mental stress. Hence, it is essential for migrant workers to have access to healthcare facilities, regardless of their profession, in their host country of employment.

2.2 Barriers to healthcare access for migrant workers

Language barrier

Language barrier is one of the most common challenges faced by migrant workers. Often, low-skilled migrant workers experience difficulties in speaking and understanding the national language in the host country of employment. Studies have shown the crucial role that language plays in the health-seeking behaviour of migrant workers. Migrant workers would choose not see a doctor in the host country due to the inability to communicate and understand the medical consultation, diagnosis and treatment (Arcury and Quandt 2007; Hsu and Dastidar 2009). The lack of language ability frustrates both the migrant workers and healthcare professionals, as the workers are unable to clearly describe their problem and medical history, while doctors are unable to provide an accurate assessment of the workers' medical conditions (Holmes 2013). This breakdown in communication often results in extended consultations, improper medical diagnoses, ineffective treatment, and the lack of follow-up consultations, which can be harmful to the migrant workers' health (Holmes 2013; Hsu and Dastidar 2009). This leads to a negative healthcare experience for the migrant workers and would deter them from seeking healthcare assistance.

Difference in the understanding of health and illness

Like language, migrant workers may hold a different cultural understanding about health and illness, from the host country of employment. The dominant medical system used globally is biomedicine, also known as western or allopathic medicine (Singer and Baer 2012, 241). However, different communities may utilise different healthcare systems to define and heal the illness that occur within their community. Often, migrant workers from less developed countries commonly do not share similar access to and knowledge of biomedicine, as the people of the host country of employment (Farmer 2004). Hence, migrant workers would prioritise the use of traditional medicine and its understanding of illness, something that is effective and familiar to them, over the healthcare advice and treatment prescribed by biomedical doctors (Arcury and Quandt 2007). Biomedicine is often treated as the superior medical system that every culture and society should utilise. Hence, healthcare professionals are often frustrated by the migrant workers' non-compliance with healthcare advice and medication. Holmes' ethnographic study captured the frustrations and the lack of patience and understanding exhibited by healthcare professionals, towards injured Mexican migrant

workers in the U.S. (2013). The doctors blame the workers for their medical condition and attribute it to their negative cultural behaviours, ignoring the poor structural situation the migrant workers are in (ibid, 141). Hence, the difference in the understanding of health and illness, coupled with miscommunication, would likely deter migrant workers from seeking medical care in the host country of employment (Arcury and Quandt 2007; Holmes 2013).

Immigration status

Another factor that strongly affects the access to and use of healthcare systems is the immigration status of the migrant workers. Multiple research studies have shown that the absence of a proper immigration status creates a substantial challenge for migrant workers in accessing healthcare services, largely due to the fear of being repatriated (Arcury and Quandt 2007; Kunwar 2010). Undocumented migrant workers are under immense pressure to remain employed, despite poor working conditions, in order to support their family back home. Hence, these workers are forced to prioritise the maintenance of their livelihood over their healthcare needs.

Inflexible working hours

Another barrier to healthcare accessibility of migrant workers is the presence of inflexible working hours. Due to the job nature of the industries low-skilled migrant workers are employed in, long working hours make it difficult for the workers to seek medical treatment. Studies have shown that the inflexible work schedule on the farms and construction sites have encouraged workers to only seek medical help for severe illnesses (Holmes 2013; Hsu and Dastidar 2009). The ethnographic studies by Holmes, highlights the struggles of Mexican migrant workers as they decide between earning an income, or a deduction of salary due to the time taken off work to see a doctor (Holmes 2013, 130). Alternatively, if the social structure within the society, like Singapore, allows migrant workers to seek medical help after their work schedule, workers will be charged extra or sometimes double the usual cost (Hsu and Dastidar 2009, 23). Hence, given the significant pressure to support their family, coupled with poor employment practices, the migrant workers would choose to prioritise employment over their health.

Lack of financial means and medical insurance

Cost is one of the crucial factors when determining migrant workers' healthcare accessibility. Low-skilled migrant workers often hold jobs that offer a very low salary. In Singapore, male migrant workers who are employed in the construction industry are offered an average monthly salary between $300 to $800 SGD (Ang et al. 2017; Chok and Ng 2017; Lee et al. 2014). Low salaries, coupled with the absence of medical insurance, makes cost one of the main deciding factors for low-wage migrant workers in seeking medical care. A study conducted by Lee et al. demonstrates the positive correlation between income level and health-seeking behaviours of male migrant workers in Singapore (2014). Migrant workers with a lower income would be less likely to see a doctor, or inform their supervisor of their health condition, in fear of the high medical cost (ibid, 8). With limited financial means and the lack of medical insurance, migrant workers are anxious about the payment for their medical consultation, medication, and potentially subsequent medical treatments (Holmes 2013; Joshi et al. 2011). Hence, migrant workers would often choose to postpone their medical needs, in hope that their body will recover on its own.

Lack of information related to health benefits

Due to language barriers, migrant workers are reliant on their employers for information. However, often migrant workers are not equipped with the information related to their health benefits in the host country. For instance, in Singapore it is mandated by the Employment of Foreign Manpower Act (EFMA) Chapter 91A Work Passes Regulations 2012, that employers are to purchase and maintain medical insurance with a coverage of at least $15,000 SGD for every 12-month period of the migrant worker's employment (Singapore Statutes Online 2018c, 41). However, migrant workers, in Singapore, are largely unaware of the existence of the medical insurance purchased by their employers. A recent study, among 419 low-skilled male migrant workers in Singapore, showed that 85 percent of the workers were unsure or had no knowledge of the medical insurance purchased by their employers (Ang et al. 2017, 7). Among the remaining 15 percent of the participants who had information regarding their medical insurance, only 32 percent of them received the information in their native language (ibid). This shows that migrant workers are heavily dependent on their employers to provide them with information and access to the available resources in the host country. Consequently, low-skilled migrant workers would often choose to postpone their healthcare needs due to the uncertainty about the potential medical cost burden.

3. The Singapore work pass system and its impact on migrant workers

After providing a global view of the vulnerabilities and barriers to healthcare accessibility for migrant workers, the thesis will now focus on the low-skilled migrant workers in Singapore. Thus, it is essential to first examine the Singapore work pass system and its impact.

3.1 The Singapore work pass system

Over the last four years, the size of Singapore's migrant workforce has remained stable, accounting for 24 percent of the total population. Figure 3 shows the percentage breakdown of the Work Pass types[2] issued over the last four years from 2014 to 2017. The figures indicate that the majority of the migrant workforce is made up of Work Permit pass holders.

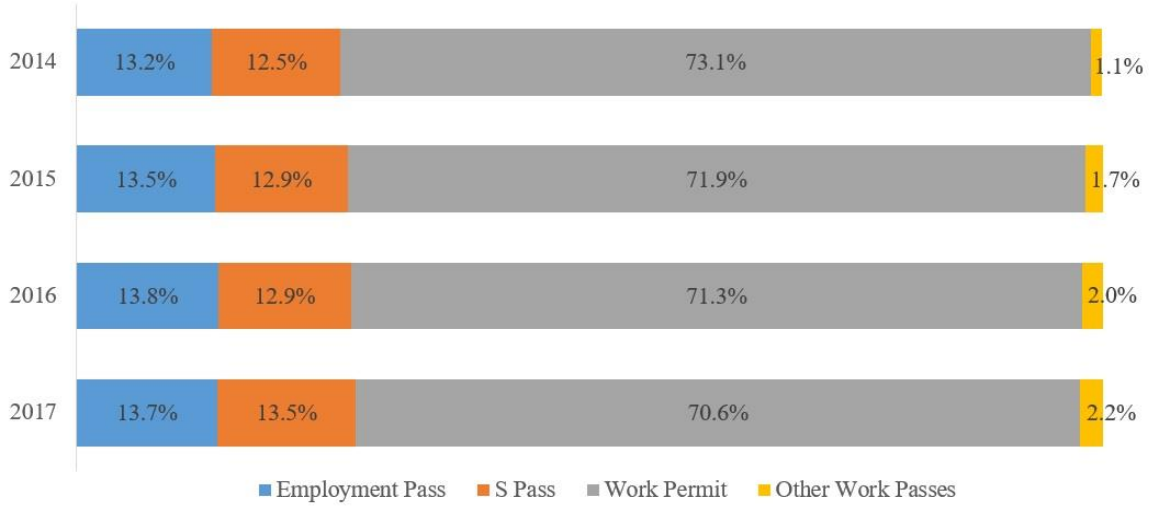


Figure 3: The percentage breakdown of the work passes issued each year (MOM 2018a).

Given the constant influx of migrant workers, the Singapore government developed the work pass system that is managed by the MOM. The work pass system provides a list of criteria that both employers and migrant workers have to follow, in order to ensure legal employment in Singapore. These criteria assist the MOM in managing the number and types of migrant workers entering Singapore for employment purposes. A summary table illustrating the privileges and restrictions of each work pass is shown in Figure 4.

[2] The Work Pass types include Employment pass, S pass, Work Permit, and other work passes. Other work passes include migrant workers on a 'Letter of Consent', migrant workers with a training work permit and training employment passes (MOM 2018a).

	EP	S Pass	Work Permit
Work pass eligibility and limitations for migrant workers			
Qualification requirements	√	√	x
Minimum fixed monthly salary	$3,600 SGD	$2,200 SGD	x
Nationality restrictions	x	x	√
Restrictions on employed industry	x	x	√
Flexibility to switch employers	√	√	x
Duration to leave Singapore upon cancellation of Work Pass	30 days	30 days	7 days
Family planning & reunion			
Eligible for Permanent Residence	√	√	x
Marital restrictions	x	x	√
Eligible for Dependent's Pass (e.g. wife and children)	√	√	x
Eligible for long-term visit Pass (e.g. parents)	√	√	x
Employer's responsibility over workers			
Procurement of Health insurance	x	√	√
Restrictions on foreign worker quota	x	√	√
Payment of foreign worker levy	x	√	√
Payment of $5,000 SGD of security bond	x	x	√

Figure 4: Summary table on the work pass criteria and restrictions (Chok 2017).

Work pass eligibility and limitations for migrant workers

Migrant workers who wish to be employed as a professional under an EP must at least hold a university degree, and find a job that pays a fixed monthly salary of at least $3,600 SGD (MOM 2018f). However, the migrant worker is not limited by nationality, employed industry, and is able to change employers when residing in Singapore (ibid). Migrant workers with an EP are able to stay in Singapore for up to 30 days after the cancellation of their Work Pass, providing them with sufficient time to prepare for their departure (MOM 2018e). Migrant workers who wish to be employed under the S Pass as a skilled worker enjoy similar privileges to EP holders. However, for migrant workers to be employed under the S Pass, they must possess at least a diploma and secure a job that pays a fixed monthly salary of at least $2,200 SGD (MOM 2018g).

On the contrary, migrant workers who are employed as a semi-skilled or unskilled worker under the Work Permit pass, usually do not have any qualification requirements and are not restricted by a minimum salary requirement (MOM 2018c, 2018h).Under the work pass

system, Work Permit holders are divided into four categories[3], each with its own criteria and limitations. This thesis will focus on the migrant workers who wish to be employed under the work pass titled *Work Permit for Foreign Worker*. These migrant workers are limited by nationality and are grouped into four clusters; Malaysia, People's Republic of China (PRC), non-traditional sources (NTS) and includes India, Sri Lanka, Thailand, Bangladesh, Myanmar, and the Philippines, as well as North Asian sources (NAS) and includes Hong Kong, Macau, South Korea, and Taiwan (MOM 2018d). These migrant workers are only allowed to be employed in the Construction, Manufacturing, Marine Shipyard, Process, and Service industries, with the applicability of sector-specific rules (ibid). However, migrant workers whose nationalities fall under the cluster of NTS are not allowed to work in the Manufacturing and Service industries in Singapore.

Work permit holders also do not have the flexibility to change employers in Singapore (MOM 2018c). They must exclusively be working for the employer tied to their work permit. If the worker wishes to change the employer, he or she has to return to the home country before re-entering Singapore again with a valid work pass. Work permit holders must leave Singapore within 7 days following the cancellation of their Work Permit (MOM 2018i). However, MOM is able to issue migrant workers with Special Passes upon the cancellation of their Work Permit, if they have pending statutory claims that are under investigation. Migrant workers on a Special Pass are legally allowed to stay in Singapore, but they are prohibited from working, unless permitted by the MOM, during the investigation of their cases (Chok 2017, 36).

Family planning and reunion

Under family planning and reunion, migrant workers with an EP or S Pass enjoy the same benefits. EP or S Pass holders are eligible for the application of permanent residence and do not have any marriage restrictions in Singapore (MOM 2018j, 2018k, 2018l, 2018m). These migrant workers are also allowed to bring their dependents or parents into Singapore, if they have a monthly fixed salary exceeding $6,000 and $12,000 respectively (MOM 2018g, 2018n). In contrast, Work permit holders are not eligible for permanent residence, are not allowed to marry a Singaporean during, or after their Work Permit pass has been revoked or cancelled, and are not offered the option to bring their family to Singapore (MOM 2018c).

[3] Work Permit holders are divided into four different categories: Work Permit for foreign worker, Work Permit for domestic worker, Work Permit for confinement nanny, and Work Permit for performing artiste (MOM 2018b).

The intention of marriage between a Singaporean and a present or past Work Permit holder, requires the approval of the MOM (ibid). Female migrant workers with Work Permit passes are not allowed to become pregnant or deliver a child in Singapore (ibid). Work Permit holders in violation of these restrictions, would be repatriated.

Employers' responsibilities over migrant workers

Under the work pass system, employers are responsible for the migrant workers employed in Singapore. Similarly, this responsibility differs among the different work passes. Employers of EP holders do not have any mandated responsibility towards the employed migrant worker. For instance, the employers' provision of medical insurance is not mandatory for the employment of EP holders (MOM 2018o). In contrast, employers who wish to employ migrant workers under the S Pass and Work Permit passes are obliged to purchase medical insurance, subject to a foreign worker quota, and are required to pay a foreign worker levy (MOM 2018h, 2018p). Additionally, employers who hire Work Permit holders are required to purchase a security bond for each non-Malaysian migrant worker employed (MOM 2018q).

Employers are obliged to purchase and maintain medical insurance, with a coverage of at least $15,000 per year, for every migrant worker they employ under the S Pass and Work Permit (MOM 2018r, 2018s). The foreign worker quota and the foreign worker levy are largely dependent on the industry as well as the total workforce that the company is presently employing. The quota and levy are put in place to discourage employers from hiring non-Singaporean employees. This can be seen as a governmental effort in managing the dissatisfied sentiments among Singaporeans on job insecurities and overpopulation due to the increasing number of migrant workers (The Guardian 2013; The Telegraph 2014). Furthermore, employers are obligated to pay a security bond of $5,000 SGD for each migrant worker hired under the work permit pass (MOM 2018q). This security bond is put in place to ensure that employers are responsible for the hired work permit holders. The security bond can be confiscated by the government, given the situation that the migrant worker goes missing, or does not leave the country, after the cancellation of the Work Permit pass (ibid).

Given this illustration of the work pass system, it becomes evident that Work Permit holders enjoy less privileges, and are subjected to more control and restrictions enforced by both the MOM and employers. The responsibilities placed upon employers, hiring Work Permit holders, encourages employers to have significant control over the employed low-skilled

migrant workers. These circumstances create an imbalanced power relationship between the two parties.

3.2 A structural explanation in the Singapore context

As Galtung explains, the concept of structural violence is an indirect violence that is built into social structures, which occurs without an actor physically committing the violence (Galtung 1969, 170). Structural violence is invisible. It is built into social structures and appears in the form of unequal power and unequal life opportunities (ibid, 171). The economic migration seen today can be perceived as a form of structural violence, as low-skilled migrant workers are forced out of their home country due to poverty, inability to pay for their children's education, environmental degradation, and unemployment. In order to improve their situation, these workers seek out employment in developed countries. However, previous studies have shown that in order to gain access to these types of employment, migrant workers have to pay a high agent fee[4] (Chok 2017; Gardner 2010). Based on my fieldwork data, low-skilled Bangladeshi and Chinese migrant workers pay an agent fee ranging from $3,000 to $8,000 SGD in order to secure employment in Singapore. Hence, to secure employment abroad, migrant workers have to incur substantial debt in their country of origin, which will require two to three years of employment to settle in its entirety (Gardner 2010, 211).

Additionally, the work pass system can also be seen as a form of structural violence. Work Permit holders are limited by nationality and the industry of employment. These restrictions subject the workers to unequal job opportunities that limit the workers' earning potential in Singapore. During my fieldwork, I witnessed that Chinese migrant workers who are employed in the service industry are often paid more than Bangladeshi and Indian migrant workers who work in the construction industry. Hence, based on Singapore's work pass system, a migrant worker from Germany, or any other country that is not included in the cluster of nationalities, would not be eligible to apply for a low-skilled construction job under the Work Permit pass. However, they will automatically be given the opportunity to be employed under the EP or S Pass, which offers better job positions and employment terms. The governing criteria of the work pass system promotes unequal power and job opportunities among employers and the

[4] Agent fee is a recruitment fee that migrant workers are required to pay in order to secure employment in Singapore. This agent fee is shared between the agents in the home country and in Singapore (Hsu and Dastidar 2009).

different pass holders. Work permit holders not only enjoy less privileges compared to other pass holders, but they are subjected to more control by their employers.

There are several responsibilities placed upon employers who wish to employ Work Permit holders. These regulations can be seen as a governmental effort to hold the employers responsible for the employed low-skilled migrant workers. However, these responsibilities encourage employers to be in full control of their low-skilled migrant employees. As a result, employers are inclined to exploit these migrant workers, in an attempt to recover the cost incurred by fulfilling the enforced responsibilities (Chok 2017, 34). This thesis supports and concurs with Chok (2017) that the responsibilities placed on employers encourages an imbalanced power relationship, subjecting migrant workers to poor employment practices and unlawful treatment. Figure 5 shows a summary of the employers' responsibilities and the side effects suffered by the low-skilled migrant workers in Singapore.

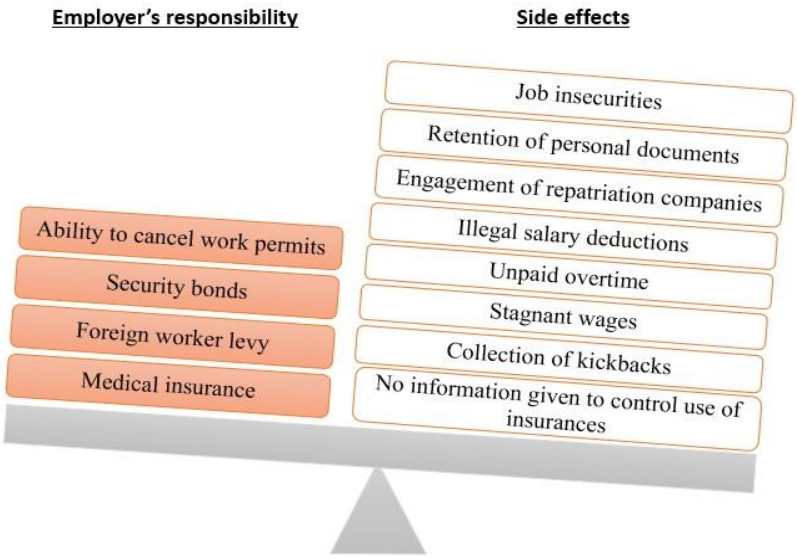


Figure 5: Summary of the employers' responsibilities and the side effects on migrant workers.

Side effects of non-consensual employment termination

The imbalanced power relationship is supported by the employers' ability to terminate a migrant worker's Work Permit pass without their knowledge or consent (Chok 2017; Yeoh 2006). This creates an immense fear of job insecurity among low-skilled migrant workers. Once a migrant worker's Work Permit is terminated, the worker has to leave the country within seven days. To a low-skilled migrant worker, the termination of a Work Permit does not only entail the return to their home country, but it also means the loss of income and the inability to support their family and pay off their debts. It is crucial to understand the

difficulty for these workers to secure another job in Singapore. This would require the migrant worker to pay the agent fee for a second time, which is often not affordable. Thus, the fear of losing their job forces migrant workers to do whatever it takes to retain their employment. Low-skilled migrant workers would sign documents to agree to a salary deduction, savings deduction, unpaid overtime, and unpaid off-days, not because they agree to the poor employment terms, but to ensure their continued employment in Singapore (Chok 2017; Chok and Ng 2017). The workers will risk losing their jobs if they refuse, and I have witnessed several of such incidents during my fieldwork. The employers' ability to cancel a Work Permit pass, without providing a reason or requiring consent, subjects the migrant workers to limited choice and ability to fight for their labour rights in Singapore.

Side effects of the payment of security bond

Besides the ability to cancel Work Permit passes, the implementation of the security bond also subjects migrant workers to poor treatment in Singapore. Employers who wish to hire low-skilled migrant workers under the Work Permit pass, excluding Malaysians, are required to place a security bond in the form of a banker's or insurance guarantee of $5,000 SGD (MOM 2018q). The security bond has to be paid before the worker arrives in Singapore, and the bond will be repaid to the employer one week after the worker has left Singapore (ibid). However, the security bond could be forfeited, if the worker goes missing in Singapore (ibid). It is evident that the role of the security bond is to ensure employers are fully responsible for the whereabouts of the employed migrant workers. Given such a responsibility and the unwillingness to lose their security bond, employers are encouraged to employ measures to ensure they are in control of their migrant employees. One of these measures includes the retention of personal documents, commonly passports, of the migrant workers (Chok 2017, 35). Another measure is the use of salary deductions and designated as "mandatory savings", which employers would promise to pay out to the workers at the end of their contract. Additionally, employers may engage the service of a Repatriation Company to ensure that the low-skilled migrant workers leave the country after their Work Permit passes are cancelled. All of these measures are used by employers to safeguard their security deposit and fulfil the responsibilities imposed on them by the government. These measures are frequently used by employers, even though two out of the three measures are illegal; withholding of passports and salary deductions (MOM 2018u, 2018v). During the fieldwork, I have witnessed the use

all three measures on low-skilled migrant workers, demonstrating the frequent use of these measures despite its illegality in Singapore.

Side effects of the foreign worker levy

Employers who wish to employ migrant workers under Work Permit and S pass passes have to pay a monthly foreign worker levy. This is an effort by the Singapore government to "regulate the number of foreign workers in Singapore" (MOM 2018t). For example, employers are required to pay a monthly foreign worker levy, between $300 to $950 SGD, for every non-Malaysian construction worker (MOM 2018w). The cost of the monthly levy should be incurred by the employers. However, given the substantial costs, especially when companies hire multiple migrant workers, employers are encouraged to seek out alternative ways to recover some of these costs incurred. In order to remain competitive, employers are unwilling to recover the cost through their clients (Charanpal 2013, 58). Hence, low-skilled migrant workers are targeted for the cost recovery. Some of these cost recovery methods used by employers include illegal salary deductions, withholding of wages, unpaid overtime, stagnant wages, and the collection of kickbacks[5] (Charanpal 2013, 58-63; Chok 2017, 35).

Side effects resulting from the lack of transparency of medical insurance

Lastly, in accordance to EFMA (Work Passes) Regulations 2012, employers have to purchase and maintain medical insurance of at least $15,000 SGD each year for every employed low-skilled migrant worker (SSO 2018c, 41). In January 2010, the MOM increased the yearly medical insurance coverage from $5,000 SGD to $15,000 SGD (MOM 2018x). This increase has benefitted the low-skilled migrant workers in Singapore. However, there is a lack of regulation to ensure migrant workers are informed, in their native language, about the mandatory medical insurance purchased under their names. This lack of information has prevented the access and use of healthcare services among migrant workers in Singapore (Ang et al. 2017; Lee et al. 2014). During my fieldwork, I had encountered several low-skilled migrant workers who are unaware of their medical insurance. Hence, when these workers are unwell, approaching a doctor is often the last resort due to the high medical cost in Singapore.

[5] The collection of kickbacks is an illegal deduction made by the employer from the salary of migrant workers as a financial guarantee to the employment (SSO 2018a, 37).

The economic migration, coupled with the terms of the Singapore work pass system, that low-skilled migrant workers have to experience today, can be seen as a form of structural violence. The unequal distribution of resources subjects the migrant workers to poor living conditions and forces them to leave their home country in pursuit of better employment to support their family. The criteria and restrictions of the Singapore work pass system promote unequal power and opportunities between the employers and different categories of work pass holders. Work permit holders are not only restricted by job opportunities that limit their earning potential, but they are also vulnerable to possible exploitation. The monetary responsibilities placed on employers, under the work pass system, encourage the employers to be in full control of the employed migrant workers and be inclined to find ways to secure and recover the cost they are obliged to pay. With such social structures in place, the low-skilled migrant workers are trapped in an imbalanced power relationship that fosters employment and financial insecurities, which limits their access to and use of healthcare services in Singapore.

4. Research methods

4.1 Participant observation and focus groups

Multiple research has been conducted on the issues and challenges of low-skilled migrant workers in Singapore, including the topic of healthcare accessibility. This thesis aims to study and increase the awareness for the healthcare accessibility of low-skilled migrant workers' in Singapore. Throughout this thesis, I plan to present the detailed experiences of the challenges faced by the low-skilled migrant workers in accessing and using healthcare services in Singapore, particularly migrant workers who had suffered from a workplace accident. Additionally, I aim to reveal the perceptions, health-seeking behaviours, and healthcare experiences of low-skilled migrant workers, who may not necessarily have an employment dispute with their employers or exposure to a workplace injury during their employment in Singapore.

In order to capture the individual experience, I chose to utilise participant observation, particularly as a participant observer, while volunteering at HOME's non-domestic helpdesk office. The use of participant observation would allow me to enter the field and collect data through observation, allowing participants to express and share their experiences and thoughts in a comfortable and familiar environment (Bernard 2011, 257). This methodology would allow me to observe, interpret, and understand the perspective of the migrant workers through the interactions with them at the helpdesk office, hospital visits, and weekly gatherings (Hardon et al. 2001, 229). Through the interactions and the consent of the migrant workers, I was able to record their detailed experiences, as they attempt to gain access and utilise healthcare services in Singapore. 12 detailed stories were recorded over the period of two months, among which this thesis will narrate the stories of two injured Bangladeshi migrant construction workers, namely Tanvir and Jahid, in chapter five.

Focus group discussions were utilised to obtain a group perspective of the studied issue, as it would allow me to gather a group of 5 to 12 participants to discuss a particular topic in detail (Bernard 2011, 172). With HOME's support, the focus group discussions were conducted during the weekly Sunday group programme that includes migrant workers who are seeking help at the helpdesk office, and friends of migrant workers who may not be receiving assistance from HOME. The Sunday group provides an informal and comfortable setting that allows for casual conversations. Two focus group discussions were conducted in the presence

of a volunteer who is fluent in Bengali and English. The first focus group discussion was conducted with five migrant workers from Bangladesh, with the aim to understand their perception of health and their health-seeking behaviours in Singapore. The second focus group included 12 migrant workers from Bangladesh, with the aim to understand the specific problems these workers face in accessing healthcare services and to obtain their recommendations to improve the healthcare accessibility for low-skilled migrant workers in Singapore. The focus group participations are employed in the construction and marine shipyard industry in Singapore. The findings of the focus groups will be presented and analysed in chapter six.

4.2 The field: Humanitarian Organisation for Migration Economics (HOME)

> "HOME is really home to me. Without HOME I have many many troubles."
>
> A Bangladeshi migrant worker on his gratitude towards HOME

For two months, I conducted my fieldwork with HOME, one of the NGOs in Singapore that devotes its time and resources to support low-skilled migrant workers in Singapore. Since 2004, HOME has been providing assistance and guidance to domestic[6] and non-domestic[7] low-skilled migrant workers in Singapore. The research focuses on low-skilled migrant workers holding the work pass titled *Work Permit for Foreign Workers.* Hence, I spent two months volunteering at HOME's non-domestic worker office for four days a week, and participated in the weekly Sunday group programme with the migrant workers. The non-domestic worker helpdesk office is located in a small office space, which is easily accessible by trains and buses. The non-domestic worker office provides helpdesk consultations, legal aid assistance, and outreach programmes. The office has three HOME employees and would commonly have at least one volunteer assisting each day. Over the period of two months, there were at least 71 new cases of low-skilled migrant workers approaching HOME for advice and assistance. Most of the assisted low-skilled migrant workers hold a *Work Permit for Foreign Worker* work pass. These workers were mainly male migrant workers from Bangladesh, PRC, and India. They are commonly employed in the construction industry in

[6] Domestic migrant workers include female migrant workers holding a *Work Permit for domestic worker*.

[7] Non-domestic migrant workers include male and female migrant workers holding a *Work Permit for Foreign Worker* and *Work Permit for performing artiste*.

Singapore. Some of the challenges faced by these workers include the non-payment of salaries and overtime wages, workplace accidents, and sudden termination of employment.

For two months, I was stationed at HOME's non-domestic worker helpdesk, where I observed and assisted migrant workers who are seeking help and guidance related to their employment rights and options in Singapore. I was often given the opportunity to assist injured low-skilled migrant workers who are struggling to access medical care and obtain medical compensation from their employers. Through the initial interactions, it was clear to me that I had underestimated the barrier of language. The majority of low-skilled migrant workers who sought help from HOME's non-domestic worker helpdesk office, are from Bangladesh. Hence, I initially had a difficult time understanding the troubled migrant workers. In order to cope with the language barrier, I observed the language and methods used by HOME employees to communicate with the migrant workers who speak very little English. Soon, I had learnt to communicate with the migrant workers through the use of simple English, hand gestures, drawings, and observing their body language to gauge whether the workers understood what was communicated. I was introduced to some of their local terms and language, such as asking for names in Hindi and the use of the term 'Ali baba' as someone who is being dishonest to them. Additionally, my time at the helpdesk office has helped to establish my presence and build familiarity among the migrant workers who are seeking assistance. Often, I would see these migrant workers multiple times a week to provide them with assistance and assurance, either at HOME's non-domestic worker helpdesk office or at healthcare institutions. Hence, these insights and familiarity had assisted me in building rapport and improving my questions and interactions with the migrant workers.

Besides working at the helpdesk office, I was also given the opportunity to assist and participate in the weekly Sunday group programme that is managed by HOME. The programme is held on Sundays, as it is the day off for most non-domestic migrant workers. Migrant workers who are seeking help at the helpdesk office are often encouraged to participate and bring their friends, who may or may not require HOME's assistance, to the weekly programme. This programme serves as an outreach, educational and support group for non-domestic migrant workers in Singapore. It aims to provide a safe space for the migrant workers to come together, to expand their social circle, to talk about their problems and share their knowledge and resources with one another. HOME would also take the opportunity to educate the workers about the changing policies, as well as their rights and options in

Singapore. Some of the activities conducted during the Sunday group gatherings include lunch together, birthday and festive celebrations, outdoor sports activities, and group discussions.

The multiple interactions at the helpdesk office and during the Sunday group gatherings, helped me to reinforce my presence, strengthen the rapport, and build trust and familiarity with the migrant workers I interact with and assist. Hence, this allows me to better understand their struggles and experiences in accessing and using healthcare services in Singapore. In the next two chapters, I will illustrate the findings obtained. Chapter five will narrate the challenges and the healthcare experiences of Tanvir and Jahid, two low-skilled migrant workers who had suffered from a workplace accident in Singapore. Both workers are employed in the construction industry and hold a *Work Permit for Foreign Workers* in Singapore.

5. The migrant workers' experiences

5.1 Tanvir "Come Singapore… five months, many many problems. No job, no Money."

It was a hot Sunday afternoon as I was walking to the meeting place of HOME's weekly Sunday group programme. The meeting place is located at the heart of Little India[8], where most of the male migrant workers would gather on their day off. As I was approaching, I saw Tanvir standing outside the meeting place waiting for James, a HOME employee, to arrive and unlock the door. Tanvir was wearing his usual striped collar t-shirt, jeans, and flip flops. He is a big and tall man in his early thirties, from Bangladesh. Despite his build, Tanvir is a very shy and soft spoken man. Often, I would see him in HOME's office speaking softly to the other migrant workers and HOME's employees and volunteers. Tanvir could recognise me and smiled as I was approaching him. As we were both waiting for James's arrival, I took the chance to interact with Tanvir and ask how he was doing. Like many other low-skilled migrant workers, Tanvir had problems understanding and expressing himself in English. Despite his limited English ability, Tanvir and I communicated patiently through the use of simple English words, drawings and the use of multiple hand and body gestures. Throughout our conversation, it was visible that Tanvir was troubled and disheartened by his situation in Singapore. Like many other migrant workers, Tanvir came to Singapore to seek for better employment opportunities to support his family back home. Tanvir's income supports nine family members, which include his elderly parents, wife, two young children, and four younger siblings. In order to support his family and repay his debts, Tanvir came to Singapore for the second time to work in the construction industry, with a basic monthly salary of $381 SGD.

In November 2017, Tanvir was involved in a workplace accident when he lost his balance and fell from a 2.5 meter ladder while using a manual grinding machine. From the accident, Tanvir injured his back and suffered a deep cut on his left ring finger. Tanvir was not using any safety gear when the accident happened. Tanvir was pressured by his supervisor to complete the task quickly, without wearing the safety gear required for the task. The lack of safety gear exposed Tanvir to a higher risk of suffering from a workplace injury, especially when he was using a manual grinding machine that does not switch off automatically when the trigger is released. However, due to the supervisor's pressure and the fear of losing his job,

[8] Little India is an ethnic district in Singapore that is popular among South Asian migrant workers (The Straits Times 2013).

Tanvir performed the risky job without the use of safety gear. Unfortunately for Tanvir, the lack of safety gear has caused him to suffer severe injuries on his back and left ring finger. After the accident, Tanvir's supervisor brought him to a private clinic where Tanvir underwent a surgery to insert a metal bar inside his left ring finger. At the clinic, Tanvir had no information regarding his injury and the treatment plan. The doctor spoke to his supervisor directly in English, a language Tanvir could not fully understand. Tanvir also had no access to his medical documents as the documents were given directly to his supervisor. Despite the inability to communicate and the lack of clarification from the doctor and nurses, Tanvir was asked to sign multiple documents that he could not read nor understand. After the surgery, Tanvir was given two days of medical leave and a light duty doctor's note by the attending doctor, as requested by the supervisor. Tanvir did not agree and refused to sign his acceptance towards the light duty doctor's note. Accepting the doctor's light duty note would imply that Tanvir agrees that he will be fit to do light duty work two days after his surgery. After the doctor's appointment, Tanvir's employer told him to rest on the two days of his medical leave and return to work after. Tanvir's employer threatened him with repatriation, if he refuses to return to work after his medical leave.

Due to the lack of communication and access to his medical documents, Tanvir was worried about his medical condition and his situation in Singapore. Displeased with the private doctor's assessment and his employment situation, Tanvir approached a public hospital to get a reassessment of his medical condition and approached MOM to report the work injury he had suffered. Tanvir was later referred by his friend Modan, a fellow migrant worker, to approach HOME for advice and assistance. With HOME's assistance, Tanvir filed another statutory claim against his employer for the collection of kickbacks, as his employer had illegally deducted over $1,000 SGD from his monthly salary for the collection of agent fee. Since early 2018, Tanvir has been residing in Singapore with a special work pass issued by MOM. However, migrant workers on Special passes are not allowed to work in Singapore (Chok 2017, 36). Since Tanvir suffered from a work injury, he was left without a job and income, as he waits for the outcome of his statutory claims. It has been five months, since Tanvir had last received his salary and was able to send money home to his family.

After the accident, Tanvir continues to reside in his employer's dormitory. Under the EFMA, employers are responsible for the costs of the foreign employee's upkeep and maintenance, which includes food, medical treatment, and accommodation, while the worker awaits the

resolution of any pending statutory claims in Singapore (SSO 2018c, 40). However, since Tanvir filed several statutory claims against his employer, it was no surprise that Tanvir has a tense relationship with his employer. Without an income, Tanvir is dependent on his employer to provide the accommodation, food, and medical treatment he needs. Unfortunately despite the regulations, Tanvir does not have proper access to food and medical needs. In order for Tanvir to gain proper access to the food provided by his employer, Tanvir is required to travel to the construction worksite every morning. This means that Tanvir has to wake up every morning at 5am, to catch the company's transport vehicle to go to the worksite. At the worksite, Tanvir has to wait at least three hours in the equipment room, which is hot and unventilated, until it is lunch time to have his lunch. After lunch, he is expected to remain in the equipment room as he waits for the transport back to the dormitory, which would only arrive at 6pm or 7pm in the evening. Due to the lack of income, Tanvir followed his employer's meal arrangements to gain access to his daily meals. However, due to the hot weather in Singapore and the unventilated equipment room, Tanvir fainted at the construction site. Since then, Tanvir decided to use the little savings he has to purchase his meals, having meals only twice a day, so that he could rest properly in the dormitory.

During the months of March and April, I accompanied Tanvir to the hospital on several occasions where I would observe Tanvir's interactions with the medical personnel. Due to his injuries, Tanvir has been to the hospital so often that he is well-aware of the hospital procedures. Tanvir is able to register himself, provide the necessary documents, and obtain a queue number for his appointment, without having to speak any English to the administrative staff. However, one constant question asked at every hospital visit was "How are you going to pay for today's consultation? Do you have a letter of guarantee[9] (LOG) from your employer?" It is evident that payment is the first criterion for a patient to seek healthcare services in Singapore. In accordance to EFMA, since Tanvir has an outstanding work injury case in Singapore, Tanvir's employer is responsible for his medical upkeep and should provide Tanvir with the LOGs required for his medical appointments. However, Tanvir's employer would often fail to provide the LOG before the scheduled medical appointments. Hence, to gain access to his scheduled medical appointments, Tanvir would have to do a partial payment of at least $10-$20 SGD. Often, when I would ask Tanvir whether he had enough money, he would always smile and reply "Yes sister", and he would sigh softly as he turns away.

[9] Letter of Guarantee (LOG) is a written approval from the employers indicating their awareness and agreement to bear the cost of the medical consultations and medications that the employed migrant worker needs.

Nonetheless, this amount would be reimbursed to Tanvir by his employer. However, often the reimbursement takes months, through MOM mediations, before Tanvir receives the money. This accumulated amount of $10-$20 SGD at every hospital visit can be a substantial amount to Tanvir, who is unemployed and needed the extra money to support his daily meals.

Five months after Tanvir's first surgery, Tanvir is still experiencing pain and liquid discharge from his left finger. Hence, the doctor at the public hospital offered Tanvir several alternatives for the treatment of his left finger. However, before Tanvir decides on his preferred medical treatment, the doctor has requested for Tanvir to bring a friend who is fluent in English and Bengali to the next medical appointment. The doctor wanted to ensure that Tanvir fully understands the different medical treatments before making a decision. Hence, HOME assisted to arrange for a volunteer fluent in English and Bengali, to accompany Tanvir for the medical appointment, where Tanvir opted for a surgery to remove the metal piece and shorten his left ring finger.

On the day of the surgery, Tanvir was lying alone on the hospital bed in the day surgery ward, staring into thin air, waiting for his surgery. His face lit up when his friend, Modan, and I walked towards his bed. Modan and I were there to support Tanvir and assist with any translation needed. Before Tanvir was rolled into the surgical room, the nurse asked Tanvir several questions to verify his identity and awareness of the surgery, which included his name, his date of birth, address, and which finger would be operated. It was clear that Tanvir had difficulties understanding the nurse. Standing next to the nurse, I repeated the questions slowly, using simpler words that Tanvir is familiar to. Tanvir provided the correct answers and he was wheeled into the surgery room. Many hours later, as I was walking towards Tanvir's hospital bed, I saw him lying in bed in deep thoughts as he watched the other patients interacting with their family members. He smiled widely and sat up in his bed, when he saw me approaching. At that moment, I was glad to be there with him. I can only imagine the thoughts and feelings of loneliness that Tanvir could be experiencing as he lay alone in the hospital, in a foreign country.

5.2 Jahid "Employer no give... I no money. Pain… I don't know how"

One morning in March, I was standing near the hospital's registration counter, searching amidst the crowd for Jahid. Jahid is a small and petite young man from Bangladesh. He was only 23 years old when he first arrived in Singapore 5 months ago. Jahid paid a substantial agent fee in Bangladesh, an equivalent of $7,300 SGD, to secure his employment in

Singapore. Like Tanvir, Jahid suffered from a work injury. In February, Jahid cut his left hand while cutting a rebar at the worksite. Due to the cut, Jahid walked around the worksite in search for the safety supervisor to obtain a bandage or medication for his wound. While walking, Jahid stepped and slipped on a pipe that caused him to fall on his back, hitting his left shoulder on the rebar. The fall has caused immense pain to Jahid's back and left shoulder. After multiple requests, Jahid's employer brought him to a private clinic.

At the clinic, the doctor excluded Jahid, the patient, from the communication. Instead, the doctor communicated with Jahid's employer and provided the employer with Jahid's medical documents, even though she is not the patient. Like Tanvir, Jahid had no access to his own medical documents and is not fluent in English. Before the consultation ended, the doctor issued Jahid a hospital referral for further assessment of his injuries. However, Jahid's employer ignored the hospital referral and demanded for Jahid to return to work, even if he can only work with his right hand. In fear of repatriation, Jahid went back to work. Jahid tried his best to continue working, as his income had to pay off his debts and support five family members back home; his elderly mother who suffers from heart problems and asthma, his elderly father, his brother, sister-in-law, and his young niece. However, the immense pain he felt from his injuries started to affect his sleep and ability to use his left arm normally. A few days after the incident, Jahid approached HOME for help, together with two fellow Bangladeshi migrant workers who were employed with the same construction company. Together, all three migrant workers walked into HOME's office one afternoon in search for help and advice regarding the employment difficulties they were experiencing. All three workers have at least two months of unpaid salaries. Jahid not only suffers from a work injury, he also has two months of unpaid salary, and is a victim of the collection of kickbacks.

That morning in March, I accompanied Jahid to the public hospital, in the Accident and Emergency (A&E) ward, to obtain an assessment of his work injury since he had no access to his medical reports and was denied a hospital follow-up by his employer. At the hospital A&E registration counter, Jahid had difficulties communicating with the hospital administrative staff. He was asked several questions too quickly in English, and when Jahid was unable to answer, the administrative staff got impatient with him. Hence, the administrative staff demanded for Jahid's work permit and the LOG from his employer. When Jahid was unable to provide a LOG, the administrative staff emphasized that he must make full payment for his medical consultation before he leaves the hospital. The constant emphasis of payment caused

Jahid to have second thoughts about seeing the doctor, despite the pain and discomfort he was experiencing in his back and left shoulder. Hence, I intervened and asked the administrative staff, if it was a requirement at the emergency ward, to make full payment upfront before the patient is allowed to see the doctor. Alarmed by the question, the administrative staff replied no and provided Jahid with a queue number to see the doctor.

After an initial assessment, the hospital nurses placed Jahid in a hospital bed due to the pain he was experiencing from his injuries. After almost three hours of waiting, it was finally Jahid's turn to see the doctor. Upon seeing the doctor, Jahid tried his best to explain his injuries and the pain he was experiencing, in the limited and simple English he knows. However, before Jahid was able to finish his sentence, the doctor looked at me, expecting me to communicate on behalf of Jahid. Understanding the doctor's facial expression, Jahid looked at me for help. I first sought Jahid's permission before sharing his situation on behalf of him. The doctor started assessing Jahid's injury, touching his left arm and back and asking him, if it was painful. Jahid replied yes to most of the spots that the doctor had applied pressure to, and the doctor made a comment "These migrant workers have very low tolerance to pain". I was shocked, but I did not respond to his comments. Thereafter, Jahid was scheduled for a computed tomography (CT) scan on his back and left shoulder.

A few hours later, I was informed that Jahid could be discharged. With little information shared, I approached Jahid's bed to ask if the doctor or nurses had spoken to him. Jahid shook his head. Hence, I approached the doctor to find out more on the assessment of Jahid's injuries. The only respond I got was "He will be fine, no bones broken", and the doctor walked away before I could ask any more questions. I was informed by the nurse later that additional information can be found in the discharge summary. I took a moment to read the discharge report and provided Jahid an update on his injuries, as the discharge report is written in English. An appointment was arranged for Jahid to see a specialist doctor three weeks later. Before leaving the hospital, Jahid had to make payment for the doctor's consultation at the emergency ward that costed $120 SGD. Due to Jahid's situation, the hospital had agreed to make out the invoice for today's consultation to his employer.

A month later, I met Jahid again in HOME's office. Jahid looked tired, weak, and it was noticeable that he was still feeling discomfort in his back and left shoulder. Through the conversations, HOME found out that Jahid was denied access to his specialist appointment, due to his inability to pay. Jahid approached MOM for help, and he was told to obtain the

LOG from his employer. Hence with MOM's suggestion, Jahid approached his employer to obtain a LOG to see a specialist doctor, but he was rejected by his employer. Feeling disheartened, Jahid returned to his dormitory without any access to the medical care he needed. Besides the lack of access to medical care, Jahid also had problems accessing his daily meals. Due to his inability to work and unpaid salary, Jahid had no money to purchase his daily meals. He only had one meal a day. That day, it was about 4:30pm when he came to HOME's office, Jahid had only eaten one piece of bread. Immediately, I stood up and made Jahid and his friend a cup of hot milo[10], and took some of the available snacks in the office. Without surprise, the drink and snacks provided were quickly wiped out. With the knowledge of Jahid's situation, HOME assisted to arrange for meal vouchers for Jahid and his friend to obtain meal assistance twice a day. In addition, HOME had assisted to reschedule Jahid's specialist appointment, and requested support from MOM to assist Jahid to obtain the necessary LOG from Jahid's employer. Unfortunately, since Jahid had missed the first appointment, he would have to wait one month for the next available appointment.

Two days later, I received a call from Jahid in the evening. He sounded highly anxious over the phone. Jahid had received a call from his employer, demanding him to meet her outside his dormitory that evening. Over the phone, Jahid's employer offered him $1,000 SGD to not pursue his work injury claims and return to Bangladesh. Additionally, Jahid's employer promised to employ him again, six months later when he has fully recovered from his injury. Jahid was sure that he could not trust his employer, and that he did not want to go home with his injuries. Jahid wishes to remain in Singapore to pursue his work injury claim and obtain the medical treatment he needs to recover. However, Jahid was afraid to meet his employer, as he worries that he would be assaulted or forcefully repatriated. Over the phone, I educated Jahid on his rights and choices in Singapore. Should his employer assault him, Jahid can call the Police for help. Moreover, if he was forcefully repatriated, Jahid has the choice to not board the flight and seek help from the airport Police, informing the officers of his outstanding statutory claims with MOM. Feeling more assured, Jahid met up with his employer that evening. On the following day, Jahid informed me that he rejected his employer's offer and she left angrily. Five days later, Jahid's employer returned angrily to the dormitory. That morning, Jahid's employer insisted on Jahid returning to work. Jahid's employer even pulled the collar of his shirt and tried to drag him out of bed. His employer

[10] Milo is popular beverage in Singapore that is filled with chocolate and malt powder mixed with hot water and condense milk.

was furious and threatened that he could only live in the dormitory if he was working. Jahid refused and his employer stormed away. Unsure of his rights, Jahid was worried that after this incident he would not have a place to stay. HOME assured Jahid that in accordance to EFMA his employer is responsible for the provision of his food, accommodation, and medical care during the process of his statutory claims.

Over the period of two months, Jahid only received one month of his unpaid salary, some of his medical leave wages, and a portion of his medical bills reimbursed to him through MOM's mediation. However, Jahid had only seen the doctor twice, once at the private clinic and the second time at a public hospital's emergency ward, since he had suffered a work injury. When I left the field, Jahid was still waiting to see the specialist doctor that was rescheduled due to the lack of LOG. In August, I had the opportunity to return to Singapore for three weeks. I took this chance to assist and participate in the weekly Sunday group with HOME. Four months after I left the field, I was delighted to once again meet the migrant workers, including Tanvir and Jahid, which I had gotten to know and assisted during my fieldwork. I received a hug from Tanvir, while Jahid stood shyly among the migrant workers, looking happier and healthier. I took some time to catch up with Jahid on his recovery progress. To my surprise, Jahid had not received the medical treatment he needed to fully recover. Six months after his workplace accident, Jahid was still experiencing difficulties in accessing the scheduled medical appointments at the public hospital. Table 6 shows the list of scheduled medical appointments and the accessibility Jahid had to these appointments.

Month	Medical Appointments	Accessibility	
Feb	1. Company-approved private clinic after the work injury	Y	Paid by employer
	2. Private doctor's referral to hospital	N	Ignored by employer
Mar	3. Visit to public hospital for reassessment	Y	Billed to employer
	4. Appointment with Specialist doctor at the public hospital	N	No LOG or means to pay
Apr	5. Rescheduled appointment with Specialist doctor	Y	Paid by volunteer
May	6. Scheduled Physiotherapy at the public hospital	Y	No payment asked
Jun	7. Scheduled MRI scan at the public hospital	N	No LOG or means to pay
Jul	8. Scheduled follow-up appointment with the Specialist doctor	Y	Partial payment by Jahid
Aug	9. Scheduled CT scan at the public hospital	Y	Paid by HOME
	10. Rescheduled MRI scan at the public hospital	Y	Paid by volunteer

Table 6: Summary of Jahid's journey in accessing medical appointments in Singapore

The table shows that the medical appointments scheduled are mainly assessments and scans required by the doctor to diagnose Jahid's injuries. Jahid's referral to the hospital was ignored by his employer, denying him access to the hospital for a further assessment. He was also denied access to his specialist doctor's appointment and Magnetic Resonance Imaging (MRI) scans due to his employer's unwillingness to provide LOGs for the appointments. Jahid's inconsistent access to his medical appointments has led to the doctor's inability to provide a detailed diagnosis and proposed treatment plan. Hence, it is not surprising that Jahid had not received any medical treatment, even though it has been six months after he suffered from a work injury. Jahid was only able to gain access to some of his medical appointments due to the support provided by HOME and its volunteers. For six months, Jahid had to live with the discomfort related to his injuries, while waiting for his employer to provide the LOG required to gain access to the medical treatment required for recovery.

5.3 Analysis

The case studies of Tanvir and Jahid highlight the experiences and difficulties injured low-skilled migrant workers may face while attempting to access and use the healthcare services in Singapore. Next, I will be analysing the challenges faced by both workers, as they try to gain access to the medical care required to recover from the work injuries they had sustained.

No LOG, no money, no access to medical care

Tanvir and Jahid's experiences clearly showed that their access and use of healthcare services are mainly dependent on their employer's willingness to provide a LOG and their ability to make payment. Tanvir and Jahid are low-skilled migrant workers who had suffered injuries during the course of their employment. Under the Work Injury Compensation Act (WICA) regulations, employers are responsible for the payment of medical treatment and compensation when the employee is injured at work (SSO 2018b, 8). Despite the regulations, both workers experienced delayed medical appointments and were denied medical access due to their employers' unwillingness to provide timely LOGs and the workers' inability to pay. Both Tanvir and Jahid struggled to obtain the timely LOGs from their employers, even when supported by the MOM. Without the LOGs, Tanvir had to make a co-payment of $10-$20 SGD at each medical appointment, in order to gain access to the healthcare services needed for recovery. Unlike Tanvir, Jahid did not have the ability to do a co-payment, as he had just arrived in Singapore, and had two months of unpaid salary. The lack of monetary means

subjected Jahid to be fully reliant on his employer to gain access to the necessary medical appointments. However, his employer refused to acknowledge and take responsibility for the workplace accident. Jahid was thus left without any LOG or means to pay for his medical consultations, leading him to be disheartened and not pursue the required medical attention.

Tanvir and Jahid are low-skilled migrant workers who earn a basic monthly salary between $380 and $500 SGD. Without HOME's support, both workers would not have the knowledge and financial means to pursue and gain access to the required medical care. Similarly, Lee et al. research has shown that low-income male migrant workers who earn a basic monthly salary of less than $500 SGD in Singapore, are less likely to seek medical care, despite having high fever or sustaining a workplace injury (2014,8). This health-seeking behaviour is motivated by the inaccurate belief that they are fully responsible for the payment of the high medical cost (ibid). The struggles Tanvir and Jahid face in accessing healthcare services in Singapore show the vulnerability of low-skilled migrant workers, especially injured workers, who are reliant on their employers for the timely payment of salaries and provision of LOGs in order to gain access to medical care.

The workers' struggle in accessing the healthcare services is also attributed to the hospitals' payment procedures. The case studies showed that the access to and use of medical services in Singapore, are heavily tied to the patient's ability to make payment. Both, Tanvir and Jahid were asked for the mode of payment or whether they had an LOG from their employer, prior to be given a queue number for their medical appointments. The hospital's payment procedures create a barrier of access to low-skilled migrant workers in Singapore. Migrant workers who do not have the ability to pay are subjected to their employers' willingness to pay for the medical services, before they are able to seek medical care in Singapore. The hospital payment procedures are in line with the Singapore work pass system, by placing the responsibility for low-skilled migrant workers on the employers. However, this further reinforces the imbalanced power relationship between employers and low-skilled migrant workers, which subjects low-skilled migrant workers to the mercy of their employers in order to gain access to healthcare services in Singapore. The hospital payment system then poses a barrier to injured low-skilled migrant workers, like Jahid, whose employers are unwilling to take responsibility for the workplace accident. As a result, these injured migrant workers do not have access to the required medical care, but are instead subjected to their employers' decision of whether the sustained injury is worthy of financial loss and medical attention.

Despite the regulations, stating that employers are responsible for the medical upkeep of the employed and injured workers, hospitals and governmental agencies still expect migrant workers to obtain the LOG from their employers or have the monetary means to pay for the needed medical care. This responsibility ignores the fact that injured migrant workers may have a tense relationship with their employer, especially those who have filed a WICA case against their employers. Additionally, employers can choose not to provide the LOG or information regarding the mandated medical insurance to the migrant workers, without any negative consequences. Hence, this responsibility subjects the migrant workers to immense stress, poor treatment, and inconsistent access to healthcare services, due to the employers' unwillingness to pay for the medical care required for recovery.

The systematic burden to obtain evidence

Under the WICA, employers are only responsible for the payment of medical compensation, if the injured employee is able to produce evidence to prove that the accident had taken place at work (SSO 2018b, 10). Without any evidence, the accident will be regarded as an accident that did not take place during working hours (ibid). The regulation places the responsibility on the employee to gather the required evidence to successfully file a work injury compensation claim. Without sufficient evidence, the injured workers would lose their access to paid medical care and treatment. Given the migrant workers' socio-economic situation, it would be nearly impossible for them to afford the necessary medical treatment required for their recovery. Thankfully, both Tanvir and Jahid were able to gather sufficient evidence to prove that the sustained injuries took place at work. However, not all workers experience the same luck.

During the fieldwork, I witnessed at least one case where the injured worker was unable to gather evidence to prove that the injury happened at work. The injured worker was threatened by his supervisor to stand on his own so that he could take a picture of him unassisted, before he was taken to the hospital. Additionally, there were other migrant workers who witnessed the accident, but none of them are willing to be witnesses as they do not want to go against their employer and risk losing their jobs in Singapore. This burden of evidence collection places migrant workers at a disadvantage, resulting from the unequal power and access to data and documents, as shown in chapter three. Unlike migrant workers, employers have access to all the necessary documents, such as medical documents, signed employment contracts, and

time sheets. Additionally, employers are able to easily seek out witnesses or prevent the chances of workers becoming witnesses by using or threatening repatriation (Chok 2013, 293).

The systematic burden placed on injured migrant workers to produce evidence creates an additional barrier when accessing medical care. This circumstance can be seen as a form of structural violence that promotes unequal power and healthcare access. Migrant workers are required to gather evidence in a foreign country in order to gain access to the medical care required for recovery, while employers do not have to defend themselves. Low-skilled migrant workers work in hazardous working environments, such as construction sites. Hence, it is only right that they are given access to paid medical care, if they are injured at work, instead of having to worry and gather sufficient evidence before medical care is provided.

The lack of enforcement in regulations

The workers' struggle to obtain timely LOGs highlights the lack of enforcement when employers are in breach of regulations. Several regulations are put in place by the Singapore government to help protect the rights of local and foreign employees. Some of these regulations include the Employment Act (EA), EFMA, WICA, the Employment Claims Act (ECA), and the Workplace Safety and Health (WSH) Incident Reporting regulations. However, the case studies show that some of these regulations lack enforcement in Singapore. For example, the EFMA regulation states:

> […] the employer continues to be responsible for and must bear the costs of the upkeep (including the provision of food and medical treatment) and maintenance of the foreign employee in Singapore who is awaiting resolution and payment of any statutory claim filed […] any mediation request submitted or claim lodged for salary arrears under the Employment Claims Act 2016, or any claim for work injury compensation under the Work Injury Compensation Act. The employer must ensure that the foreign employee has acceptable accommodation in Singapore. […]" (SSO 2018c, 40).

Despite the regulations, the employers of Tanvir and Jahid failed to provide timely LOGs for the workers to gain access to the required medical services. The workers' struggles in obtaining timely LOGs are made known to governmental agencies, either through the help of HOME or the migrant workers reporting the difficulties themselves. However, due to the ambiguity of the regulations, the government officials are unable to enforce the provision of timely LOGs. The employers' non-compliance in providing LOGs affects the access and use of medical services among injured migrant workers. In Jahid's case, the inconsistent access to

his medical appointments has led to the doctor's inability to provide a detailed diagnosis and treatment for him, leaving Jahid without any form of treatment for six months after the accident. This lack of regulatory enforcement increases the barriers of healthcare accessibility among injured migrant workers in Singapore, subjecting them to poor treatment by employers, denied access to medical care, and delayed recovery time.

Additionally, Tanvir and Jahid's employer failed to provide the workers with acceptable food arrangements after the accident. Jahid was left without any money and could only have one meal a day, by sharing a box of rice with a fellow migrant worker. In Tanvir's case, his employer failed to provide food at his dormitory, but instead made food arrangements at a distanced worksite. Given the distance, this meal arrangement made it impossible for Tanvir to obtain sufficient rest to recover from his injuries. These circumstances were reported to MOM, but were deemed irrelevant because his employer did in fact make food arrangements. The ambiguity of the regulations and its lack of enforcement subjects the low-skilled migrant workers to poor treatment and unequal healthcare access in Singapore. Even under the assumption that full enforcement of the regulation is in place, the migrant workers' access to medical care and food would still be limited, as a result of the ambiguity of the regulations. Hence, the regulatory framework contributes towards an imbalanced power relationship between employers and low-skilled migrant workers.

Choice of responsibility over health

Tanvir and Jahid are both migrant workers from Bangladesh who came to Singapore in pursuit of better employment to support their families back home. Their income in Singapore supports five to nine family members, and they paid an agent fee between $3,000-$8,000 SGD to secure the job in Singapore. Given the substantial family responsibility and debt, Tanvir and Jahid worked hard to maintain their jobs. However, these circumstances place low-skilled migrant workers under the work pass system, such as Tanvir and Jahid, in a disadvantaged position. The work pass system enables employers to cancel a Work Permit pass without the knowledge or consent of the migrant workers, as discussed in chapter three. Often, employers are aware of the consequences and fear low-skilled migrant workers have of losing their jobs. Hence, employers would use the threat of repatriation to ensure the obedience and compliance of migrant workers, further reinforcing the imbalanced power relationship. The threat of repatriation can be seen in both Tanvir's and Jahid's cases, as both employers threatened to repatriate them if they do not return to work after sustaining the work

injury. Tanvir was even threatened with repatriation, if he took additional medical leave prescribed by the doctor. Each incidence of threat and harassment places immense mental stress on the workers, as they worry about their livelihood and the ability to support their family.

The fear of job loss cannot be underestimated. Tanvir's case showcases how the immense pressure to retain employment had a negative effect on his decision making. On the day of the work accident, Tanvir was tasked by his supervisor to complete a job on site, under time pressure, without the provision of safety gear. The lack of safety gear exposed Tanvir to a higher risk of work injury, especially when required to operate a manual grinding machine on a ladder. However, due to the supervisor's pressure and the fear of losing his job, Tanvir performed the job without the use of safety gear. In reality, Tanvir did not have a real choice in deciding whether to equip himself with the safety gear necessary for the job. Assuming that functioning safety gear is available onsite, Tanvir would be risking both the relationship with his supervisor and the continuation of his job when choosing to go against his supervisor's instructions. Tanvir was forced to make a choice that would subject him to risks in both cases; risk of suffering from a workplace injury or the risk of losing his job. As a result, Tanvir was forced to prioritise his responsibilities over his health. Similarly, the struggle to prioritise family responsibilities over health can also be seen among the street-based female sex workers in Kathmandu (Basnyat 2017). The poverty situation of the female workers forces them to prioritise their children's needs over their health (ibid, 196-7). These examples illustrate that low-skilled workers, especially those with multiple dependents, are placed at a disadvantaged position. The employers' ability to freely repatriate workers and the migrant workers' fear of repatriation, reinforce an imbalanced power relationship that allows employers to control the migrant workers' healthcare decisions and use of medical care in Singapore.

Language barriers

English is the main language used in Singapore. While all signs and instructions can be found in the four languages[11], medical documents are commonly provided in English. This poses a large challenge to low-skilled migrant workers, like Tanvir and Jahid, whose native language is Bengali. Both Tanvir and Jahid can only speak and understand simple English. Based on

[11] Four languages used in Singapore include English, Mandarin, Malay, and Tamil.

our interactions, it is possible to communicate with them, one has to have patience and be attentive towards their body language.

Unfortunately, due to their lack of English proficiency, Tanvir and Jahid had encountered unpleasant healthcare experiences in Singapore. Both workers felt that they were neglected by the healthcare professionals. The doctors in the private clinic, which were company-approved doctors, spoke directly to the employers without even trying to communicate with either Tanvir or Jahid. At the private clinic, medical documents were given directly to the employers, without explaining the details to the patient. Tanvir was also asked to sign documents that he could not read or understand. Hence, the lack of communication, coupled with uncertainty, led the workers to distrust the private doctors, giving them the impression that the doctors did not have their best interest in mind. Similarly, Dutta's research has shown that such feelings of distrust are developed by migrant workers' own healthcare experiences in Singapore (2017, 5-6). Participants who had sustained an injury at work shared that they are left with minimum medical treatment and no medical leave, after engaging company-approved doctors. Hence, migrant workers are led to believe that these private doctors are working alongside of the employers to minimise the monetary loss of medical cost and loss of labour (ibid).

Language barriers can also lead to misunderstandings and assumptions between the doctor and patient. This can be seen through Jahid's experience at the public hospital's emergency ward. The doctor was not only impatient with Jahid, he made a comment that clearly shows his negative assumption towards migrant workers and their tolerance for pain. This assumption could possibly downplay Jahid's injury and the medical attention required. The impact of a doctor's assumption on the migrant workers should not be underestimated. Holmes' ethnographic study captured the doctors' frustrations and their lack of understanding towards the structural situation of the Mexican migrant workers (2013, 141). In this case, the doctors blamed the workers for their own medical conditions and attributed it to their negative cultural behaviours (ibid). As a result, the migrant workers were not given medical attention or denied of the right medical treatment for the pain and illnesses they experienced.

Tanvir and Jahid's inability to speak and understand fluent English has limited their interactions with medical personnel, leading to misunderstandings and negative assumptions, in turn affecting their understanding of their medical diagnosis and treatment. This creates a risk for patients, as the lack of effective communication and understanding subjects them to inaccurate diagnoses and medication, which can cause more harm to their injured bodies.

During my fieldwork, I accompanied several low-skilled migrant workers to the hospital, not once have I seen any form of translation or a translator present in the hospital or during a scheduled medical consultation. Given the language barrier, low-skilled migrant workers are further dependent on their employers to gain access to medical care and obtain the necessary details to understand their medical condition.

Social network and support

An important finding in this research is the crucial role of the migrant workers' social network and support in the host country. Upon encountering difficulties with their employers, both Tanvir and Jahid turned to their friends, who were fellow migrant workers, for advice and support. Upon soliciting advice from their friends, both workers were encouraged to seek help from HOME, enabling them to receive support and assistance in fighting for their entitled rights in Singapore. Without the help of their friends, the injured workers would likely be repatriated without receiving the required medical treatment to completely recover from their work injuries. The importance of social networks is also supported by Kitching et al. research on the use and benefits of ethnic diaspora-based networks in London (2009). Social networks among the migrant populations not only help new migrant workers to integrate, but also provide the support and knowledge about the available resources in the foreign country they live in (ibid, 694). During the fieldwork, I had witnessed several migrant workers who spend all their time working, in order to maximise their earnings. The lack of socialisation places them in a vulnerable position while living in isolation in a foreign country. Hence, the weekly Sunday Programme organised by HOME is important in reducing isolation among migrant workers and building knowledge about their rights and resources in Singapore.

6. Health-seeking behaviours of migrant workers in Singapore

Following the illustration of Tanvir and Jahid's challenges and healthcare experiences, chapter six will present the findings and analysis related to the focus group discussions conducted during the fieldwork. Throughout the analysis, the similarities with the individual experiences, in chapter five, will also be highlighted.

6.1 Focus group findings

Perception of health

Participants agreed that health is very important, and without good health they would not be able to work and support their family back home. It is evident that the participants associate good health with the ability to work. Only one participant perceived good health to go beyond employment, emphasising that with good health he would be able to engage in other activities, such as sports, for the rest of his life. With the importance placed on good health, the participants agreed that they would consult a doctor in Singapore, regardless of their employers' willingness to pay, if they are unwell, injured, or have an allergic reaction. However, participants would still turn up for work, even if they were feeling unwell.

Despite the common agreement on the importance of good health, participants are unwilling to be penalised for being sick. One participant shared his experience when he was sick. He could only work half a day, as he was feeling unwell. He informed his supervisor and was granted approval to return to his dormitory to rest for the remaining half of the day. However, the company deducted $30 SGD from his monthly salary as he did not work until 5 P.M. on that day. The participant added that in his company, if a worker failed to turn up at work without informing his superior, 25 percent of the worker's monthly salary would be deducted. If the worker informs his superior that he is unwell, the company would ask the worker to see a company-approved doctor. However, the company would not reimburse any medical cost incurred, or pay for any medical leave wages, even if medical leave is issued by the doctor. Another participant reported similar experiences, in which his previous employer would reduce his monthly salary by $25 SGD a day for taking medical leave. Hence, given such employment practices, participants would choose to continue working despite their poor health.

Patterns of health-seeking behaviours

When feeling unwell, participants would first choose to self-medicate, through the use of traditional remedies and medication from Bangladesh, as they continue to work. Participants would turn to professional doctors, only if they do not feel better after three days of self-medication. The majority of the participants would first self-medicate through the use of traditional remedies that they had learnt from their families. One participant would start drinking hot water mixed with lemon and salt, once he was feeling unwell. Another participant would use traditional remedies to treat a cold or fever, which include a hot drink that mixes hot water, tea, salt and ginger, and the consumption of fruits such as pineapples and apples mixed in green chilli and salt. Participants would also consume hot tea with ginger to treat a bad cough.

Besides traditional remedies, participants would consume biomedical medication that they had brought over from Bangladesh. These medications include painkillers, antibiotics and medicine for headaches, the flu, and gastric trouble. Pictures of the medication can be found in Appendix A. Participants agreed that similar medication can be purchased at Singapore pharmacies. However, they foresee the difficulties in obtaining the medication due to the language difficulties, high cost, lack of familiarity, and inability to obtain antibiotics without a prescription. Thus, they chose to bring over boxes of medication when arriving in Singapore. Interestingly, participants shared that it is common for Bangladeshi migrant workers to share their medication with one another, if they were to fall sick. Participants would also ask their fellow migrant workers who are returning to Bangladesh, to bring additional medication back to Singapore. Through the focus groups, the participants shared their knowledge about where in Singapore, they could obtain medication from Bangladesh.

Participants would turn to professional help, if they do not feel better after three days of self-medication. All the participants agreed that after three days they would consult a doctor, regardless of their employer's willingness to pay, due to the importance of their health. However, participants would only see a company-approved doctor, if it is fully or partially paid by their employer, and the medical leave issued is recognised. This is largely due to the high medical fees charged by private clinics in Singapore. Often, participants would prefer to seek medical care from governmental Polyclinics[12], where the cost is often lower than in

[12] Governmental Polyclinics in Singapore provide subsidised outpatient medical care, health screening, and medication (Hospital.SG 2018).

private clinics. Participants shared that the medical cost at a private doctor would sometimes amounts to $40 SGD, while the cost at governmental polyclinics would often not go beyond $20 SGD. One participant shared his knowledge on low-cost medical care that is provided by a fellow NGO, HealthServe[13]. Three out of five participants were unaware of the services provided by HealthServe. One of the participants who is aware of this option, shared that he is unable to utilise the service because his employer discourages workers from approaching the NGO for medical care and he does not recognise the medical leave issued by the volunteer doctors. Thus, he is limited to only seek medical care at governmental polyclinics or private clinics at a higher cost.

Challenges faced in accessing healthcare services in Singapore

> "Give counter money, then medicine come. No money, no medicine."
>
> A Bangladeshi migrant worker's experience with the healthcare system in Singapore

One main focus area of the discussions was to find out the challenges faced by migrant workers in accessing and using healthcare services in Singapore. The first difficulty highlighted was the inability to speak and understand English. Participants found it difficult to communicate with medical personnel, and understand their medical diagnosis that are communicated in English. During the discussion, it was evident that participants who have been in Singapore for less than two years often experience a higher level of language barrier. Participants shared that they frequently may not understand the questions or instructions given during their medical consultations, but they have no problems understanding the instructions for the consumption of medication. This is largely due to the use of pictures and numbers that are printed on the front of the medication's packaging.

The second challenge highlighted was the inability to pay and obtain a LOG from their employers. One participant clearly summarised his views in four words "no money, no help". He was not the only one who felt this way. Several participants shared their experiences of denied access to the doctor or their medication due to their inability to pay or produce a LOG. All 12 participants do not have any information about the mandated medical insurance

[13] HealthServe is an NGO in Singapore that provides low-cost medical care for migrant workers in Singapore. Migrant workers with Work Permit passes only have to pay $5 SGD for the medical consultation and medication (The Straits Times 2017).

purchased by their employers upon employment. Participants would often express how unfair it is to deny them of healthcare, given the existing regulation that employers are responsible to maintain their medical upkeep during employment. Participants are frustrated that every time they are turned away by the hospital, they would have to reschedule another medical appointment, which would take at least one month of waiting time. This highlights another difficulty faced by the participants, which is the long waiting time to see a doctor and to reschedule an appointment.

Another challenge faced by the participants was the employers' inconsistent recognition of medical leave. Participants are confused by their employers' recognition of medical leave. Some employers would only recognise medical leave issued by the company-approved doctors, while other employers would also accept medical leave issued by governmental polyclinics and private doctors. Due to the lack of clarity, most participants experienced deductions of their monthly wages, as the medical leave taken was not recognised by the employers. One participant felt that this practice is unfair, as his primary goal was to rest when he was sick.

When the participants were asked to rank the top two challenges, the inability to pay and obtain a LOG from their employers, as well as language barriers were chosen. The participants' top two challenges are in line with the literature discussed in chapter two, where high cost and language barrier are the common barriers found in the studies of healthcare accessibility among migrant workers.

Recommendations to improve healthcare accessibility for migrant workers

After having identified the challenges, participants were asked to provide recommendations to improve the healthcare accessibility for migrant workers in Singapore. Four recommendations were provided. Firstly, to better cope with the language barrier, participants suggested the use of pictures and diagrams during medical consultations. An example given was the use of pictures to guide migrant workers to rate the level of pain they are experiencing. Another recommendation given to cope with the language barrier is the provision of Bengali translators in clinics and hospitals, to help migrant workers better understand their medical conditions in order to make decisions for their medical treatment. Participants agreed that having a Bengali translator would be ideal, but they understand it is a costly measure. Hence, participants shared that they would also appreciate the patience of doctors and nurses when

communicating with them. One participant shared his experience with a doctor who spoke slowly to him, and even filled in the missing words for him when he was explaining his medical condition.

The third recommendation provided was for the hospital to take up the payment with the employer directly, and to not tie the need for immediate payment or a guarantee to migrant workers' access to healthcare in Singapore. Some participants shared that before the year 2012, migrant workers were able to gain access to governmental healthcare institutions, just by producing their Work Permit card. Hence, participants hope for the previous payment procedure to resume and not place the responsibility of payment on the migrant workers. Some participants even showed their understanding towards the hospital's change in payment procedures, as likely the hospital was unable to receive the outstanding payment from the employers. However, one participant felt that it was unfair to limit their access to medical care based on their ability to pay, when it is stipulated in the regulations that employers are responsibility to ensure the medical upkeep of the migrant workers employed. Another recommendation given to aid the payment of medical bills, was for hospitals to provide a letter when migrant workers are required to go for additional assessment or treatments that are more expensive, such as an MRI scan. Participants shared that this letter would make a substantial difference in explaining and obtaining an LOG from their employers, to help justify the need for the expensive assessment or treatment.

6.2 Analysis

"No money, no help"

Akin to the case studies of Tanvir and Jahid, participants in the focus groups had been turned away by hospitals or postponed their healthcare needs due to the lack of LOG and inability to make payment. These experiences outlined in the group discussions and case studies highlight the frequency in which migrant workers are being denied of medical care in Singapore. This demonstrates the crucial role of immediate payment for the migrant workers to gain access to medical care in both hospitals and clinics, in Singapore. This situation highlights the dependency migrant workers have on their employers to provide the accurate monthly salary and timely LOGs, in order to gain access to medical consultations, examinations, and medications. Migrant workers would often choose to postpone their healthcare needs or seek cheaper healthcare alternatives, due to the uncertainty of the medical cost. This demonstrates

the unequal power relationship that the employers have over the employed migrant workers, and how it influences the workers' health-seeking behaviours and access to medical care.

The inaccessibility to their medical insurance

All the participants, like Tanvir and Jahid, did not have any information about the mandatory medical insurance purchased by their employers. This finding is akin to Ang et al. research, where 85 percent of the participants, who are non-domestic migrant workers, were unsure or did not have any information about their insurance policy (2017, 7). The regulations mandate employers to purchase medical insurance for every low-skilled migrant worker employed. However, it fails to mandate employers to provide employees with the healthcare information. Thus, the workers do have insurance coverage in Singapore, but they are not able to utilise the benefits. This lack of healthcare information and accessibility to utilise medical insurance influences migrant workers' healthcare decisions, which can be seen in both the group discussions and individual experiences. As a result, migrant workers often choose to postpone their healthcare needs due to the uncertainty of the potential medical cost. This regulatory gap allows employers to withhold medical information and control the use of these insurances. Given the potential increase of insurance premiums and difficulties in renewing insurances, employers are motivated monetarily to restrict the workers from using the insurance. Hence, this not only demonstrates the workers' dependence on their employers, but also the impact that the gaps in the regulations have on the healthcare accessibility of migrant workers in Singapore, and the indirect contribution to the imbalanced power relationship.

Coping with the inaccessibility to medical care

The findings showed that the participants would first turn to self-medication upon feeling unwell. This is largely due to their lack of knowledge regarding their medical insurance, the uncertainty about the potential medical cost, and the foreseen difficulties in accessing healthcare and medication in Singapore. Majority of the participants would start employing traditional remedies once they are feeling unwell. These remedies were used at home and in the village they lived in. Participants gained knowledge of these remedies through how they were treated by their parents since young. The use of traditional remedies sounded very intuitive to the participants, as they had difficulties recalling where they initially learnt about the remedies. This intuitive use of traditional remedies can be attributed to the remedies' efficacy experienced by the participants' family and fellow villagers (Whyte, Geest, and

Hardon 2002, 35). These remedies are widely used within the village, thus leading the participants to not consciously question the effectiveness, while turning the use of these remedies into a habit upon feeling unwell (ibid, 35-36).

Besides the use of traditional remedies, all five participants brought boxes of medication when travelling to Singapore. The motivation for this movement of medication was the comfort of consuming familiar medication, and to cope with the high medical cost and the possible language barriers they may face in obtaining medication in Singapore. Another interesting finding is the type of social support migrant workers would provide to one another when a fellow Bangladeshi worker would fall sick or run out of medication. Participants may not know the other workers at the dormitory, but when a Bangladeshi worker is sick, it is a common practice to share the medication, which you have brought from Bangladesh. Participants would tap on their support network of relatives and friends who are returning home, to replenish their medications from Bangladesh. This sharing and circulation of medication demonstrates a sense of shared responsibility among the Bangladeshi migrant workers, to help and support one another when they are ill or in need of medication. This kind of health-seeking behaviour and sharing of medication were observed in Tanvir's and Jahid's cases. The medications in Appendix A were mainly provided by Tanvir.

Choices and decisions

Participants in the focus groups agree that health is of high importance to them, as they associated good health with the ability to work and support their families back home. These findings are aligned with research conducted by Tam et al., in which Chinese migrant workers perceive health as an asset to generate more income for their families back home (2017, 4). This perception held by the Chinese workers was driven by a well-known Chinese proverb that translates to "Health is my capital" in English (ibid, 8). Hence, this motivates the workers to have a sense of ownership over their health, encouraging them to be resourceful in accessing healthcare in Singapore (ibid, 9). However, despite the importance placed on health, the focus group participants would still return to work when feeling unwell. Two out of five participants, who have been employed for more than six months, experienced a deduction of their monthly salary for taking a day of medical leave or half a day to rest, as they were feeling unwell. The decision to return to work despite feeling unwell, is a result of the workers' unwillingness to be penalised for being sick, which is driven by unlawful employment practices enforced by the employers. Hence, when migrant workers are feeling

unwell, they are forced to make a choice; continuing to work and earn a regular income, or taking a day off work and suffer a salary deduction for that month, in which case either decision would subject them to unlawful employment practices. This struggle can also be seen in Tanvir's and Jahid's cases, in which the workers are forced to decide; to continue working in order to retain their employment, or to return to work despite the pain they experienced after sustaining a work injury.

Choices should allow an individual to choose between a range of alternatives, and not be limited to only two options (Basnyat 2017, 196). Not only are these low-skilled migrant workers forced to make a choice between two options, they are also withheld information by their employers. Migrant workers holding the *Work Permit for Foreign Worker* pass are protected under the EA in Singapore, in which it states that workers who have worked for at least three months, are entitled to paid annual and sick leave (SSO 2018d, 43&74). Hence, it is illegal for employers to penalise the migrant workers, if they are employed for more than three months, for taking a day off from work when feeling unwell. However, due to the lack of knowledge, and the immense responsibilities to support their families, these low-skilled migrant workers are forced to prioritise their responsibilities over their health. These circumstances expose them to a higher risk of workplace injury, especially given the physical nature of the jobs. This forced choice and the employers' ability to withhold information, without any consequences, are both forms of structural violence and subject low-skilled migrant workers to unlawful employment practices and unequal access to medical care.

While educating the workers about their rights regarding medical leave and annual leave, it became evident that the migrant workers struggled to decide whether they would report such irregularities to MOM. The struggle is real. Low-skilled migrant workers struggle to decide between fighting for the payment of their entitled paid annual and medical leave, or risk losing their jobs and their families' survival. However, due to the workers' socio-economic status and responsibilities back home, these migrant workers are forced to prioritise employment over their health. This forced behaviour subjects them to poor health decisions and a higher risk of injury at work. Employers in Singapore should abide by the regulations and provide the migrant workers with their entitled annual and medical leave. Employers who do not abide by the rules should be penalised, but not at the expense of the migrant workers who are required to gather evidence to support their claims. Stricter rules, close monitoring, as well as anonymous reporting and auditing should be implemented, as the responsibility should

not solely be placed on the migrant workers, requiring them to file a report against employers upon witnessing the noncompliance with regulations.

A structural explanation on the migrant workers' healthcare experiences

The detailed narratives of Tanvir and Jahid, as well as the group perspective demonstrated to which extent structural violence is rooted in the social structures and enforced in the everyday lives and interactions within the Singapore society (Farmer 2003). The findings revealed four types of structural violence that contributed to the barriers faced by low-skilled migrant workers in accessing and using healthcare in Singapore: (a) the migrant workers' dependency on employers to provide accurate salaries, timely LOGs, and accurate information about healthcare resources, (b) the ambiguity and gaps of employment regulations, (c) the burden of evidence collection placed on migrant workers to report employers' non-compliance of medical upkeep, and (d) the migrant workers' choice of prioritising continuation of employment over their health. These forms of structural violence are a result of human agency (ibid, 40). When Jahid was denied access to his medical appointments due to his inability to pay and the lack of an LOG, this situation results from a human decision; an employer's choice to not provide a timely salary and an LOG. When migrant workers struggle to decide between fighting for their right to medical leave or subjecting themselves to unlawful employment practices, it is a result of the gaps in the enforcement of employment regulations that allow employers to withhold information from the migrant workers related to their healthcare rights. As a result, migrant workers prioritise the continuation of their employment over their healthcare needs, in order to support their family. This challenging situation, in terms of priorities and decisions, in which the migrant workers are placed in, is a result of human agency that is embedded within the social structures in Singapore. These low-skilled migrant workers are victims of structural violence within the Singapore society, in which the regulations indirectly support the imbalanced power relationship between migrant workers and employers. This reinforces migrant workers' dependency on their employers, hence allowing employers to limit and influence their healthcare decisions and healthcare accessibility in Singapore.

7. Conclusion

"Our foreign workers come from far and wide to build world-class physical infrastructures in Singapore. It is only right that we provide a safe and healthy working environment for them."

Mr. Sam Tan, Minister of State for Manpower Singapore (The Straits Times 2018)

Employment plays a crucial role in the lives of every individual, in terms of survival, self-identity, and self-worth (ILO 2018, 10). Hence, employment should exist to improve the lives and identity of individuals, and not be used as a way to devalue or categorise people. The two months of fieldwork provided me with deep insights into an unspoken social issue in Singapore. The experiences gained were fruitful, yet personally disturbing. I was emotionally affected by the witnessed injustice throughout my fieldwork. I had troubles sleeping during the first two weeks, as I was unable to comprehend the normalisation of poor treatment and employment practices that low-skilled migrant workers are subjected to, in a well-developed country like Singapore. Unfortunately, the poor treatment and barriers of healthcare accessibility among low-skilled migrant workers are widely observed in many developed countries around the world, as discussed in chapter two.

In this thesis, I aim to answer the following research question: "What is the level of access to and use of healthcare services among low-skilled migrant workers in Singapore?" In order to achieve this, it is essential to study the work pass system that is used by the Singapore government to manage the increasing migrant population. The Singapore work pass system places significant responsibilities on employers to ensure the control and obedience of the employed low-skilled migrant workers. The employers' ability to cancel work permit passes without consent, the unwillingness to lose the security bond, and the monthly payment of a foreign worker levy, inadvertently provides the employers with a large degree of power over the employed migrant workers. As a result, an imbalanced power relationship is established between the employers and workers. Additionally, migrant workers are heavily dependent on their employers to provide accurate monthly salaries, timely LOGs, and accurate healthcare information, in order to make good health decisions and gain access to the healthcare services in Singapore. However, employers often fail to do so, and migrant workers are denied of medical care or left with delayed medical appointments, as shown in the findings in chapter five and six.

Regulations, such as the EFMA and WICA, are put in place to ensure that low-skilled migrant workers are provided with medical upkeep by their employers. However, due to the ambiguity of the regulations and the reporting structure for non-compliance, employers failing to provide timely LOG or medical care are often left undetected. Reporting of irregularities would require the migrant workers to gather evidence to support their claims and risk losing their jobs in Singapore. Hence, low-skilled migrant workers struggle to decide between reporting unlawful employment terms or the continuation of their employment. The loss of employment does not only result in the loss of income, but it entails the workers' inability to support the family and repay outstanding debts. This systematic burden of evidence collection creates a barrier when reporting such irregularities, and further contributes to the migrant workers' immense stress and healthcare inaccessibility in Singapore. Given these barriers, the large degree of power that employers have over their migrant employees in Singapore, as well as the migrant workers' socio-economic status and responsibilities back home, migrant workers are forced to prioritise the continuation of their employment over their own health. Hence, this subjects low-skilled migrant workers to unlawful employment practices, poor treatment, and unequal healthcare access in Singapore.

The findings have demonstrated how structural violence is deeply rooted in the social structures and enforced in the everyday lives and interactions within the Singapore society (Farmer 2003). Low-skilled migrant workers in Singapore are victims of structural violence embedded within the society, in which the regulations indirectly support the imbalanced power relationship between migrant workers and employers. This reinforces migrant workers' dependency on their employers, hence allowing employers to limit and influence their healthcare decisions and healthcare accessibility in Singapore. The beauty and economic growth of Singapore, which is contributed by the low-skilled migrant, should not be taken for granted, forgotten, or even treated unlawfully. Low-skilled migrant workers, like any highly skilled migrant worker or Singaporean, should be protected and treated fairly and respectfully.

Research limitations

Similar to other research, there are limitations to this thesis. First, the experiences and perceptions of 19 low-skilled migrant workers were analysed during this thesis. Hence, the findings are not representative of the entire low-skilled migrant worker population in Singapore. However, the challenges faced by these workers, in accessing healthcare in Singapore, should not be ignored or normalised, as the experiences reveal the possibility of

such practices occurring more often than one may expect. Second, the research focuses on migrant workers holding the *Work Permit for Foreign Workers* pass, and does not consider the other groups of work permit holders, which include *Work Permit for domestic worker*, *Work Permit for confinement nanny*, and *Work Permit for performing artiste*. Hence, the findings are not representative of all the work permit holders in Singapore. Third, the research concentrates on the low-skilled migrant workers' experiences and perspectives on their healthcare accessibility in Singapore. Thus, it does not explore the perspective of governmental agencies and employers on the migrant workers' healthcare accessibility in Singapore.

Future research

Multiple studies have been conducted about the health and healthcare accessibility of migrant workers in Singapore, creating awareness and providing insights into an unspoken social issue in Singapore. This research focuses solely on the migrant workers' experiences and challenges faced in accessing and using healthcare services in Singapore. Given time and resources, it would be intriguing to conduct further research in the following areas to provide a balance and holistic view on the issue. First, an extension of the research could include the perspective of governmental agencies, employers, and Singaporeans on their views regarding the migrant workers' healthcare accessibility in Singapore. The inclusion of these views would provide a more balanced view of the issue. Second, the closer examination of medical insurance; how the use of insurance and its claiming procedures, can contribute to the barriers that migrant workers face in accessing and using healthcare in Singapore. Third, analysis of the psychological and social impacts that low-skilled migrant workers may face, if they return home without successfully completing their employment contract in Singapore. This may provide insights about the workers' mental pressure to maintain their employment in Singapore, encouraging them to prioritise employment over their health.

Appendix A

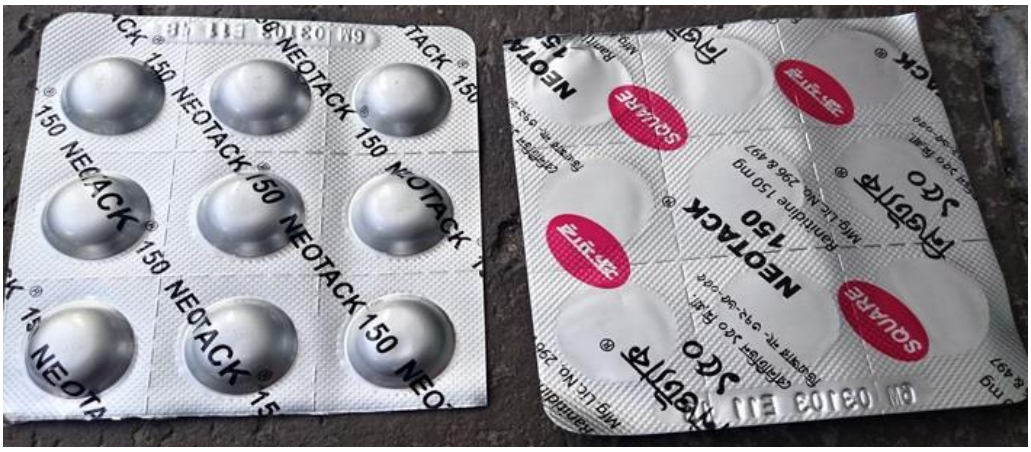
Pictures of the medication brought over by the participants when arriving in Singapore.

a) One type of medications for headaches

b) Two types of painkiller medications

c) Four types of medication for flu and cold

d) Three types of medication for gastric problems



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