

# **Identifying Work-Related Stressors and Abuses and Understanding their Impact on the Health and Well-Being of Migrant Domestic Workers in Singapore**

A Report Prepared For:



By: Angela Wong, B.A., M.A. Candidate (UBC, 2010)



## **Acknowledgements**

I would like to extend my sincerest gratitude to all those who provided guidance and support for this project. First and foremost, I would like to thank Jolovan Wham for providing me with this incredible opportunity to conduct this research study and more importantly, for having the confidence in me to do so. To everyone at H.O.M.E., I am entirely grateful for all the guidance that you have provided me during the three months I was in Singapore. To Michelle Co, thank you for your dedication in assisting with the focus group discussions. I would also like to thank Navneet Kuar for her expertise and comments. Lastly, I would like to express my deepest appreciation for all the participants who showed incredible courage by sharing their stories with me. It is my sincere hope that this study will inspire the necessary reforms which will not only effectively protect the rights of all migrant domestic workers but also rightfully acknowledge the contributions that migrant domestic workers have made to Singapore's society.

## Table of Contents

Summary

**4**

Key Recommendations

**6**

Background

- Insufficient Legal Protection for Migrant Domestic Workers in Singapore  
**7**
- Criminal Cases Involving Abuse Against Migrant Domestic Workers in Singapore  
**12**
- Literature Review on the Nature of Domestic Work and Its Effect on the Health of Migrant Domestic Workers  
**17**

Methodology

- Sample Characteristics  
**24**
- Data Collection  
**25**
- Data Analysis  
**26**

Findings

- Pre-Departure  
**27**
- Upon Arrival to Singapore  
**28**
- Employment in Singapore  
**31**
- Health Implications Arising from Employment as a Migrant Domestic Worker  
**37**
- Resources and Coping Mechanisms  
**44**

Discussion

- Limitations  
**49**
- Deception  
**49**
- Enforced Isolation  
**51**
- Inhumane Treatment  
**51**

Recommendations

**53**

References

**56**

## Summary

The link between the nature of domestic work and the negative impact it has on the health of migrant domestic workers is generally neglected in research especially in the context of Singapore. With increasing reports on employer abuse against migrant domestic workers (MDWs) in Singapore's media, it is becoming more evident that such a link does exist. More research is therefore required in the neglected area of the impact that work-related stressors and abuse have on the physical and mental well-being of MDWs in Singapore. Our explorative study aims to fill this gap.

The objectives of our study were to identify the common work-related stressors and abuses facing migrant domestic workers in Singapore, and how they impact the health of MDWs. The key questions asked were:

- 1) What are the stressors facing migrant domestic workers when working in Singapore?
- 2) What effects do the work-related stressors and abuses have on the physical and mental well-being of migrant domestic workers?
- 3) What mechanisms do they use to cope with health-related problems?
- 4) What are the social support structures available to them and how do the domestic workers perceive their effectiveness?

From our findings, the most common forms of work-related stressors and abuses included being overworked, denial of rest days, restrictions in movement and communication, food deprivation, and verbal and emotional abuse. As a result of working under these conditions, physical ailments such as body pain and aches,

headaches, gastric problems, and weight loss developed for the majority of our participants. Symptoms of mental illness such as high levels of anxiety, stress, loneliness, and sadness were also significant health concerns. Although employers are responsible for their migrant domestic worker's well-being, we found that if the employer refuses to fulfil their obligations, migrant domestic workers are left with few options to obtain medical assistance for physical and emotional ailments. Without access to medical help then, migrant domestic workers has to develop coping mechanisms to deal with their health problems, which renders them highly vulnerable to developing further health complications.

This report is based on several months of research conducted in Singapore. We held a total of 15 focus group discussions (FGDs) with 58 migrant domestic workers who were victims of employer or agent abuse during their employment in Singapore. The FGDs were conducted at the Humanitarian Organization for Migration Economics' (H.O.M.E.) shelter between July and August of 2010. All our participants will remain anonymous in order to protect their identity.

## Key Recommendations

- 1) Increase legal protections for migrant domestic workers by including them in the Employment Act.
- 2) Dissolve the security bond as it merely acts as an incentive for employers to restrict their migrant domestic workers' movement – further jeopardizing their safety since it limits their ability to file a complaint regarding abuse or to access medical assistance.
- 3) Establish a more effective mechanism that will monitor and regulate employers' treatment of migrant domestic workers.
- 4) Issue a standard employment contract that includes a mandatory rest day, a maximum number of weekly work hours, a minimum wage, and a maximum loan deduction so that migrant domestic workers are not exploited upon arrival in Singapore, and they will have an adequate amount of rest which will promote good health.
- 5) Require insurance companies to extend coverage for mental health services and treatment for pre-existing conditions in order to ensure that employers do not just repatriate their migrant domestic workers if they require such services.
- 6) Establish more readily available resources such as help desks in popular gathering areas for migrant domestic workers so they can file complaints of abuses easier. It will also allow them to file anonymous reports on suspected abuses of other migrant domestic workers who may not be able to do so themselves due to entrapment in the household. An immigration officer could then follow up on the



complaint.

- 7) Establish a free walk-in clinic for migrant domestic workers who require medical assistance but are denied it by their employers. This will lower the risk of migrant domestic workers developing further health implications.

## Background

### Insufficient Legal Protection for Migrant Domestic Workers in Singapore

In 2009, it was reported that there were approximately 190,000 migrant domestic workers (MDWs) mainly from the Philippines, Indonesia, Myanmar and Sri Lanka employed in Singapore<sup>1</sup>. Migrant domestic workers have become increasingly important to Singapore's economy by filling the labour gap in households thereby allowing more Singaporean women to enter the work force. Although the number of migrant domestic workers has increased from 5,000 in 1978 (when the Foreign Maid Scheme was first introduced) to 190,000 in 2009<sup>2</sup>, the contributions made by migrant domestic workers are still largely undervalued in Singapore as demonstrated by the lack of employment protections for this vital group. Unlike Hong Kong which requires the employer to provide a weekly rest day, pay a minimum wage, pay for maternity leaves and public holidays, as well as bear the costs associated with recruitment, placement, and repatriation of their MDWs<sup>3</sup>, Singapore's government has largely relied on market forces with limited legal protection to regulate working conditions and recruitment practices. Not surprisingly then, migrant domestic workers are not protected under the Employment Act<sup>4</sup>.

---

1

<sup>1</sup> Theresa Tan. "Life looking better for foreign maids; More maids here now but fewer deaths, abuses cases and pay disputes." *The Straits Times*. December 12, 2009.

2

<sup>2</sup> "Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore." *Human Rights Watch*. December, 2005; 17(10):16.

3

<sup>3</sup> "Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore." *Human Rights Watch*. December, 2005; 17(10): 2

4

If protected under the Employment Act, migrant domestic workers would be guaranteed a mandatory weekly rest day, overtime pay, paid sick leave, annual leave and maternity leave. Instead, migrant domestic workers are covered by the Employment of Foreign Manpower Act which provides protections which are less comprehensive than the Employment Act. For example, although the Employment of Foreign Manpower Act relegates responsibility to the employer to provide adequate food, medical treatment, and adequate rest, the regulations are worded too vaguely to ensure effective and consistent enforcement. The Act also stipulates that rest days will be provided in accordance with the terms of the employment contract. Although a standard employment contract was introduced in 2006, it did not set a minimum wage, nor did it set limits on working hours. Employers are allowed the option of giving only one rest day in a month, which is far below accepted international labour norms. Working conditions and employment benefits are usually negotiated and agreed upon by the employer, MDW and employment agent. MDWs however are at a disadvantage as they are often unaware of their rights when signing the employment contract. Moreover, the employment contract is typically signed after the MDWs arrived in Singapore and thus, their negotiating power is reduced since they already are indebted to their employment agent with very few resources to return to their home country if they do not agree with the terms of the contract. It is not uncommon then for MDWs to accept poor working conditions including denial of a rest day as stipulated in their contract since they often feel they have no other viable option.

---

<sup>2</sup> The Employment Act excludes migrant domestic workers as well as seamen.

A policy that has created more opportunities for abuse and exploitation is the security bond. Since 1986, employers are required to put up a security bond of \$5,000 SGD for their migrant domestic worker<sup>5</sup>. In the event that the migrant domestic worker goes missing, the employer would have to forfeit the security bond. The rationale behind the security bond policy is it would be an effective measure in controlling illegal immigration as well as ensuring employers will have adequate funds in repatriating workers after the completion of their contracts<sup>6</sup>. In effect however, the security bond has become an incentive for employers to tighten control on their migrant domestic workers. Considering migrant domestic workers also live in their place of employment, they are already more prone to abuse due to the private nature of the workplace which conceals practices that may not be acceptable in a regular work environment. Therefore, since the security bond acts as an incentive for the employer to confine the MDW to the workplace, it creates greater opportunities for abuse while limiting the migrant domestic worker's ability to file a complaint regarding any work-related grievances and abuses.

Confining a MDW to the workplace also obstructs her ability to access health services including emergency care. Although the Ministry of Manpower requires employers to buy medical insurance for their migrant domestic workers, the employer has a lot of power in deciding whether or not the MDW may receive medical treatment since the employer is responsible for obtaining medical assistance for the MDW. In other

---

5

<sup>5</sup> Theresa W. Devasahayam "Placement and/or Protection? Singapore's Labour Policies and Practices for Temporary Women Migrant Workers." *Journal of the Asia Pacific Economy* 2010;15(1):50.

6

<sup>6</sup> "Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore." *Human Rights Watch*. December, 2005; 17(10): 4.

words, MDWs may not have direct access to medical services unless they pay out-of-pocket. The basic medical insurance extends coverage up to S\$15,000 for potentially high medical bills<sup>7</sup>. The Ministry of Manpower also requires all MDWs to undergo a physical examination within 14 days of arrival in Singapore. The physical examination tests for diseases such as Tuberculosis (TB), Malaria, Syphilis and HIV. If a migrant domestic worker is tested positive for any one of these diseases, they are denied a work permit and are repatriated. The basic medical insurance for MDWs does not typically include preventive measures such as vaccinations, inoculation or general physical and medical check-ups that do not result in impairment of normal health.

Health insurance mainly covers hospitalisation; and thus, employers may be hesitant to take their MDWs for general check-ups since they will have to pay out-of-pocket. This is exacerbated by the fact that health subsidies have been withdrawn for all foreigners, including work permit holders. Even though the law requires the employer to foot the costs of a MDW's medical expenses, the employer has the unilateral right to cancel a MDW's work permit at will. As a result, it is very likely that the MDW will be repatriated, especially if she is found with a chronic medical illness that is not covered by medical insurance.

Mental health services are also not covered in the basic medical insurance which means employers are more likely to repatriate their MDW than pay for the high costs of counselling or psychiatric care. Leaving out coverage for mental health services may

---

7

<sup>7</sup> "Maids are screened for TB." Ministry of Manpower. June 14, 2010.  
<<http://www.mom.gov.sg/newsroom/Pages/PressRepliesDetail.aspx?listid=128>>

result in potentially devastating consequences. In 2008, Mr. Esteban Conejos, the Philippines' Department of Foreign Affairs' (DFA's) undersecretary for migrant workers had proposed that the government's overseas employment agency adopt psychiatric screening of all MDWs<sup>8</sup>. He arrived at this recommendation after he discovered that all cases of Filipino migrant domestic workers under the death penalty overseas had some element of mental disorder. His proposal was shot down by associations representing Philippines' recruitment agencies which argued that psychiatric screening would add to the costs for workers seeking jobs overseas and thus, would deter MDWs from going through the appropriate channels which may further jeopardize their safety. Yet, Mr. Conejos' point still indicates that the mental health of MDWs is a significant factor in ensuring the MDW's well being, and if those who are mentally ill are left untreated, it could lead to serious consequences.

Within the last decade, Singapore's government has made some improvements to the working conditions of migrant domestic workers by requiring employers to attend a mandatory Employer's Orientation Programme, distributing guidebooks to facilitate the understanding of the responsibilities of the employers, and also requiring migrant domestic workers to attend a mandatory safety course at the Ministry of Manpower. The Department of Well-Being Management in the Ministry of Manpower was also established in 2004 to look into the welfare of foreign workers. In addition, since 1998, Singapore's government has also reformed the penal code in which more severe

---

8

<sup>8</sup> Alastair McIndoe. "Call for mental health tests for Filipino maids – Most domestic helpers on death row abroad have mental illness, says report." *The Straits Times*. August 29, 2008.

penalties for errant employers were introduced. These penalties included heavier fines, longer imprisonment sentences, and debarment from employing another MDW.

### Criminal Cases Involving Abuse against Migrant Domestic Workers in Singapore

High-profile cases regarding severe physical abuse against migrant domestic workers have been reported in Singapore's media. The publication of these reports have served as a reminder to employers that abuse against migrant domestic workers are punishable by law and such actions will not be tolerated. There have been many notable cases within the past several years which highlight the vulnerability of migrant domestic workers to extreme abuse by their employers. This section will profile several of such cases.

In February 2007, a housewife was sentenced to jail of one year and nine months for attacking her Indonesian domestic worker over a period of six months<sup>9,10</sup>. From October 2005 to January 2006, Tay Pey Kei would use a wooden stool, aluminium pole, an aluminium back-scratcher and whatever she could grab to strike her 23-year-old Indonesian domestic worker. She would hit her domestic worker over mistakes; for example, Tay struck her domestic worker's cheek with a television remote control for overcooking an omelette. The last act of abuse occurred on January 13, 2006 in which Tay used a broken aluminium pole to poke the Indonesian domestic worker's face just

---

9

<sup>9</sup>“Housewife jailed for 'cruel' attacks on maid.” *The Straits Times*. February 24, 2007.

10

<sup>10</sup> Elena Chong. “Maid walked out after 5 months of abuse – Employer pleads guilty; maid was hit with aluminium pole one day till it broke.” *The Straits Times*. February 15, 2007.

below her eyes. The domestic worker ran away that night after her employer had fallen asleep.

Another severe abuse case involving a housewife's treatment of an Indonesian domestic worker was reported in 2008<sup>11,12</sup>. Brenda Tan Bee Khim was tried and convicted in 2009 for scalding her Indonesian domestic worker and repatriating her without any medical attention. Sometime in 2008, Tan forced her 25-year-old domestic worker, Tasiyem, to drink two cups of hot water. After Tasiyem spat the hot water out, Tan then poured a cup of hot water down the back of her neck. Tan also made Tasiyem sleep on the balcony with the dogs and did not pay her salary for 1.5 years which amounted to \$4,300 SGD. After the scalding incident, Tan quickly repatriated Tasiyem. Once home in her village in Central Java, Tasiyem's family discovered her injuries and sent her to a hospital in which she stayed for one week due to suffering second-degree burns on her neck, back and left shoulder. The case was brought forward in Indonesia and eventually, Tan was sentenced to a jail term of 10 months in a Singaporean court of law.

A case involving severe humiliation also made it before Singapore's Criminal Justice Court. In 2005, finance officer Sally Ang had taken marker pens and drew lines on her domestic worker's face.<sup>13</sup> The reason for the humiliating punishment is because Ang thought Sri Hartuti Rokiman did not vacuum the bedroom properly. The migrant domestic worker ran to the bathroom to scrub the ink off her face which left her face red

---

11

<sup>11</sup> Elena Chong. "Boss accused of scalding maid with hot water." *The Straits Times*. July 9, 2008.

12

<sup>12</sup> Elena Chong. "10 months' jail for scalding maid; Housewife sent maid back to Indonesia in bid to hid her crime." *The Straits Times*. February 5, 2009.

13

<sup>13</sup> Jamie Ee Wen Wei. "I decided I could not take it anymore." *The Straits Times*. July 6, 2008.



and swollen. This was the final straw for the migrant domestic worker as she ran away the next day at 5 a.m. to the local police station. There were three other incidents in which Ang had abused the migrant domestic worker: Ang twice pinched the eyelids of her MDW and she poked her MDW's forehead which left a scratch. Scolding and insults were common in the household as Ang would call her MDW "babi" which means pig in Malay and is a highly offensive term for Muslims. Moreover, Ang had threatened Sri that she would deduct her salary for every mistake she made. Sri had endured the abuse for six months before she decided to run away. Ang was eventually convicted in 2008 and sentenced to three weeks' jail and fined \$1,500 SGD for abusing her MDW. Ang also sent a letter of apology to her MDW and paid her \$4,000 SGD in compensation.

Although it is often suggested that abuse occurs more commonly between female employers and migrant domestic workers, there have been several high-profile cases involving male employers and even entire families who have inflicted severe physical abuse on their migrant domestic workers.. In 2009, Lawrence Lim Hwang Ngin, a staff sergeant of a local police force, was accused of 13 counts of physical and sexual abuse against his 23-year-old Indonesian domestic worker between January and May 2006<sup>14</sup>. Lim assaulted the Indonesian domestic worker for minor mistakes such as forgetting to pack his child's clothing for an outing or using the wrong teat on a milk bottle. The assaults included hitting her in the head, kicking her in the abdomen, chest and hips. He had even threatened to send her to prison if she defied him. Lim was

---

14

<sup>14</sup> K.C. Vijayan. "Cops who abused maid was vengeful: Judge; Justice Kan explains why he imposed jail term of one year." *The Straits Times*. February 17, 2009.

eventually acquitted of all seven counts of sexual abuse, but was convicted of six counts of physical abuse and sentenced to a jail term of one year which was increased to two years after an unsuccessful appeal in High Court<sup>15</sup>. The case gained notoriety due to the severity of the abuse along with the fact that it was a police officer who had offended.

Another infamous case that was brought forth to the Singaporean court involved an entire family who inflicted unrelenting abuse on their migrant domestic worker for two months in 2007. Badingah, an Indonesian domestic worker, was attacked so violently by her employer and her employer's family that the entire family was sentenced to jail terms ranging from six weeks to three years<sup>16</sup>. Badingah had worked for Maselly Abdul Azizi, the principal instigator of the torture. Maselly had encouraged her family and a friend to inflict violent offenses on the Indonesian domestic worker which included pouring boiling water on the woman's genitals and helping her 18-year-old daughter, Nur Rizan Mohd Sazali, pull out Badingah's two front teeth. Maselly's lover, Esla Elyana Said, also assisted in pulling out the domestic worker's front teeth as well as punching her. The Indonesian domestic worker was also caned by Maselly Abdul Azizi's son, Muhammad Iz'aan Mohd Sazali, who was 20-years-old at the time. Maselly had instigated the torture as a way to coerce the migrant domestic worker into confessing to stealing several items of hers. She even hit Badingah on the head with a metal rod and threatened to kill her. The entire family was tried and convicted and Maselly was

---

15

<sup>15</sup> Selina Lum. "Maid-abuse cop's jail term doubled; Court takes firm stance on conduct that created a 'shroud of fear'." *The Straits Times*. December 2, 2009.

16

<sup>16</sup> Khushwant Singh. "Three years for playing key role in maid abuse." *The Straits Times*. November 5, 2009.

sentenced to a jail term of three years; her lover Elssa Elyana Said was sentenced to one year and five months jail term; her daughter was sentenced to two years and two months jail term; and her son was sentenced to jail for six weeks.

Abuse inflicted upon migrant domestic workers are more commonly committed by employers but not exclusive to them. There have been incidents in which employment agents have taken advantage of migrant domestic workers who chiefly rely on their agents to help them in Singapore. In March 2007, employment agent Peter Lim Song Kia was sentenced to fourteen months in jail and six strokes of the cane for molesting two migrant domestic workers<sup>17</sup>. He had pleaded guilty to outraging the modesty of two migrant domestic workers in the pantry of his agency on December 18, 2004. He had asked six migrant domestic workers to enter the pantry one at a time and told them to lift their shirts so he could touch their breasts. Two of the migrant domestic workers ran away to the Indonesian Embassy to seek help in which Lim's crime was revealed. A similar incident occurred in 2001 when another agent was convicted of outraging the modesty of a migrant domestic worker.

These cases demonstrate that migrant domestic workers are highly vulnerable to extreme physical abuse by their employers especially since they reside in the household of their employers. Employment agents are also in a position of power to abuse migrant domestic workers since MDWs rely heavily on their agents to ensure their safety and well-being should their employers abuse them. The reporting of criminal cases involving physical abuse has helped generate greater attention to the plight of migrant domestic

---

17

<sup>17</sup> Tracy Sua. "Agent gets jail, cane for molesting 2 maids." *The Straits Times*. March 6, 2007.

workers in Singapore, but more importantly, the news reports has served as a warning to employers that such deplorable actions will not be tolerated in a court of law. According to statistics, abuses against migrant domestic workers have gone down within the past several years. Suicides and deaths as a result of accidents totalled 9 in 2009, which is a significant decrease from 40 in 2004. There were 219 complaints of unpaid wages as compared to 347 in 2005 and 234 in 2008. In 2008, there were 53 substantiated cases of abuse against as compared to 157 in 1997<sup>18</sup>. Despite the heightened media scrutiny on crimes against migrant domestic workers, it is probably only high-profile cases make it to the headlines - rendering other forms of abuse to be under-reported in the media. A lack of acknowledgement of the frequent health issues migrant domestic workers develop as a result of work-related stressors or abuses is also missing. This is particularly problematic as studies on the health of MDWs in other countries have revealed that there is a correlation between domestic work, abuse inflicted by employers, and their negative impacts on the health of MDWs. The following section will examine recent studies that have indicated that migrant domestic workers are more prone to developing poor health as a result of the nature of domestic work.

## Literature Review on the Nature of Domestic Work and Its Effect on the Health of Migrant Domestic Workers

Although news reports focusing on employer abuse against MDWs demonstrate that MDWs are vulnerable to physical abuse due to the imbalance in power between them and their employers, other human rights abuses not involving physical violence are often left out in the media. Published in 2005 by *Human Rights Watch (HRW)*, “Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore” is perhaps the most comprehensive research study on the different forms of abuses migrant domestic workers face in Singapore<sup>19</sup>. In the report, *HRW* argues that “Singapore has failed to implement basic reforms critical for preventing and responding to problems such as inhumane working hours, unconscionably low wages, lack of weekly rest days and unequal access to employment benefits.”<sup>20</sup> The report highlights that migrant domestic workers are faced with numerous abuses beginning from pre-departure to the period of employment. Pre-departure abuses include horrendous work conditions, forced confinement in training centers, poor living conditions, beatings, and even sexual harassment<sup>21</sup>. *HRW* also argues that “the displays of employment agencies in shopping centres underscore the notion that domestic workers are goods to be sold, rather than human beings requiring treatment with respect and dignity.”<sup>22</sup> Employment agencies are also responsible for the high debts that migrant domestic workers incur since caps on recruitment fees are not effectively enforced. Employer abuse is rampant especially due

---

19

<sup>19</sup> “Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore.” *Human Rights Watch*. December, 2005; 17(10)

20

<sup>20</sup> *Human Rights Watch*, 2005: 25.

21

<sup>21</sup> *Human Rights Watch*, 2005; 15.

22

<sup>22</sup> *Human Rights Watch*, 2005; 34.

to the imbalance of power that is particularly heightened since the migrant domestic worker lives and works in the home of the employer. Thus, MDWs are vulnerable to not only physical abuse but more commonly to verbal abuse and threats – a form of abuse that has received less attention..

The *Human Rights Watch* report is comprehensive in its assessment of the human rights abuses against migrant domestic workers in Singapore. What is missing in the *HRW* report, however, is an assessment of how human rights abuses directly affects the health of migrant domestic workers. In fact, there has been very little research conducted on the impact of domestic work and employer’s abuse on the health of migrant domestic workers in Singapore despite a correlation that has been exemplified in various research studies conducted in other countries. The last study that focused on the mental health of migrant domestic workers in Singapore was completed in 1993 and published in the *Singapore Medical Journal*<sup>23</sup>. Mahendran and Aw did a retrospective study on 47 Filipino domestic workers who were admitted in Woodbridge Hospital for psychiatric care between March 1983 and January 1989. They found that the precipitating factors included financial hardship, death in the family, relationship problems with husband/boyfriend and job-related problems in Singapore. As a result, mental illnesses that developed included auditory hallucinations, delusions of persecution, sexual delusions of being raped, religious delusions, suicidal thoughts and attempts and depression. Mahendran and Aw concluded that “migration and post-

---

23

<sup>23</sup> R. Mahendran, S.C. Aw. “Psychiatric Illness in Filipino Maids Admitted to Woodbridge Hospital.” *Singapore Medical Journal*, 1993;34:38-40

migration stresses were influential factors in causing a breakdown in the majority of [the] patients.”<sup>24</sup> They also acknowledged that more than a third of the admitted patients did not have friends or relatives in Singapore. Problems with integrating into a new community then became an important factor in the breakdown of some of the Filipino domestic workers' mental health. Mahendran and Aw state that “familiarity with the new environment is possible through regular support systems which offer understanding and help,” which implicitly suggests that such support systems would be beneficial to the mental health of Filipino domestic workers<sup>25</sup>. We have been unable to locate any follow-up research studies that examine the mental health of domestic workers in Singapore, but studies conducted in other parts of the world strongly indicate that migrant domestic workers are more at risk of developing poor health as a result of abuses incurred in the workplace.

A recent study published in 2009 revealed that women from low-income countries who migrate to the Middle East to work as domestic workers have two to five times higher psychiatric morbidity than those seen in the native population<sup>26</sup>. Within the context of Ethiopia, Anbesse et al. found that there was a conspicuous rise in the number of returning migrant domestic workers from the Middle East being admitted for

---

24

<sup>24</sup> Mahendran and Aw, 1993: 39.

25

<sup>25</sup> Mahendran and Aw, 1993: 40.

26

<sup>26</sup> Birke Anbesse, Charlotte Hanlon, Atalay Alem, Samuel Packer, and Rob Whitley. “Migration and Mental Health: a Study of Low-Income Ethiopian Women Working in Middle Eastern Countries.” *International Journal of Social Psychiatry*, 2009; 55(6): 558.

inpatient psychiatric care after developing severe mental disorders<sup>27</sup>. The aim of their study was to “explore the experiences of two groups of Ethiopian women employed as domestic workers in Middle Eastern countries, those developing severe mental disorders and those remaining mentally well, in order to illuminate potential threats to mental health.”<sup>28</sup> This qualitative study consisted of three focus group discussions with two groups consisting of returning migrant domestic workers who have severe mental illness (n=11) and one group composing of MDWs who had returned in good mental health (n=8). In total, there were 19 participants. All the women had reported inhumane working conditions, physical and sexual maltreatment, high workloads, inadequate rest, denial of basic freedoms, enforced cultural isolation and cultural discrimination. The women identified these stressors as affecting their physical and mental health. Although Anbesse et al. do not conclude definitively that work-related abuses suffered by migrant domestic workers have a direct impact on their mental health, they do suggest that there is a correlation as past studies have shown “severe life events and chronic difficulties, particularly those characterized by humiliation, entrapment and defeat, have a well-established role in bringing about episodes of mental disorder.”<sup>29</sup> Additionally, they suggest that in past studies, “discriminatory experiences have been shown to be associated with subsequent onset of psychosis, including migrant populations.”<sup>30</sup> Thus,

---

27

▣ Birke et al., 2009: 559.

28

▣ Birke et al., 2009: 559.

29

▣ Birke et al., 2009: 564.

30

▣ Birke et al., 2009: 565.

24



abuses sustained in domestic work have had negative impacts on the health of returning Ethiopian domestic workers.

A recent study published in 2010 also sheds light on the mental health needs of migrant domestic workers in Malawi. The key questions Mkandawire-Valhmu addressed were: How do Malawian women view their own experiences as domestic workers? What are the help-seeking dynamics of domestic workers who experience violence from their employers? And what are the potential physical and mental implications of women's experiences of violence while employed as domestic workers?<sup>31</sup> In total, 48 women between the ages of 17 and 25 years old were interviewed at a government establishment and a non-governmental organization that trains domestic workers and finds them employment. About 96 per cent of the women reported that they experienced some form of violence on a constant basis. Examples of violence they endured included beatings, deprivation of food, not being treated as a human being, and receiving frequent insults or scolding<sup>32</sup>. Mkandawire-Valhmu also found that poverty, erosion of hope, inhumane treatment and social isolation also had negative impacts on the mental health of migrant domestic workers. The author argues that social isolation “not only affects women's mental health by preventing them from fulfilling the basic human need of social interaction, but it also prevents them from seeking out ways of mitigating the violence in their lives... [and thus] the mental health of domestic workers

---

31

<sup>31</sup> Lucy Mkandawire-Valhmu. “‘Suffering in Thought’: An Analysis of the Mental Health Needs of Female Domestic Workers Living with Violence in Malawi.” *Issues in Mental Health Nursing*, 2010;31:112

32

<sup>32</sup> Mkandawire-Valhmu, 2010: 115.

could also be promoted and protected through the establishment of support group networks and other organizations.”<sup>33</sup> Similar to Mehandran and Aw, Mkandawire-Valhmu concludes that stronger support group networks could help meet the mental health needs of migrant domestic workers.

For research on migrant domestic workers in the Asia Pacific region, we have found only a few studies that focused on the mental health of Filipino domestic workers in Hong Kong. Bagley et al. published a report examining the stress factors and mental health adjustment of Filipino domestic workers in Hong Kong in 1997<sup>34</sup>. Approximately 600 women between the ages of 18 and 47 were randomly approached and interviewed on various issues relating to their work environment and the state of their mental health. The women were approached in popular gathering centres for Filipinas such as social centres, churches, and open air in central areas of Hong Kong<sup>35</sup>. The authors found that potential stress factors facing Filipino domestic workers usually fell into three groups: stress caused by employment-related issues; stress caused by debt problems in the Philippines; and stress caused by domestic problems concerning family, husband or children<sup>36</sup>. There were two groups identified as having particularly good mental health adjustment: the first group (14% of the sample) consisted of women who were single, had no children or any major debts, was college-educated, and had emigrated due to a

---

33

▣ Mkandawire-Valhmu, 2010: 117.

34

▣ Christopher Bagley, Susan Madrid, Floyd Bolitho. “Stress factors and mental health adjustment of Filipino domestic workers in Hong Kong.” *International Social Work*, 1997;40:373-382.

35

▣ Bagley, et al., 1997: 376.

36

▣ Bagley, et al., 1997: 378.

26

desire and not economic necessity; and the second group (17% of the sample) consisted of women around 30 years of age, who were in their third subsequent contract as a domestic worker, had working knowledge of the local language, earned more than the average salary, had regular and satisfactory return visits to the Philippines, were involved with Filipino social organizations, and had many personal friends<sup>37</sup>. The two groups that were identified as having particularly poor mental health included women (7% of the sample) who were experiencing conflict with employers such as over alleged inefficiency or carelessness, verbal or physical abuse, and denial of rest days; and women (5% of the sample) who had high debt burdens, parents or relatives with health problems, worry over the neglect and abuse of their children or worry over husband's supposed infidelity<sup>38</sup>. Bagely et al. concluded that group relationships are of crucial importance in Filipino domestic workers' mental health adaptation and thus, "the Sunday gatherings are an important source of informal group counselling."<sup>39</sup>

A follow-up study was conducted in 2001 and it examined the health-related behaviours, health locus of control and social support of 290 Filipino domestic workers in Hong Kong<sup>40</sup>. Holroyd et al. found that the most frequently reported mental health symptoms were waking up in the early hours of the morning (62.4%), loneliness (46.2%),

---

37

<sup>37</sup> Bagley, et al., 1997::378.

38

<sup>38</sup> Bagley, et al., 1997: 379.

39

<sup>39</sup> Bagley, et al., 1997: 380.

40

<sup>40</sup> Eleanor A. Holroyd, Alex Molassiotis, Ruth E. Taylor-Pilliae. "Filipino Domestic Workers in Hong Kong: Health Related Behaviors, Health Locus of Control and Social Support." *Women & Health*, 2001;33(1): 181-205.

worrying (42.4%), taking a long time to fall asleep (38.6%)<sup>41</sup>, low energy levels (25%), and pain (30.7%)<sup>42</sup>. Moreover, the authors acknowledged that these symptoms represent potential mental health concerns and “it is possible that the nature of domestic labour with its associated isolation, multiple roles, low status, long and erratic hours may contribute to poor mental health outcomes.”<sup>43</sup> Similar to the other studies, Holroyd et al. suggests that a method of promoting mental wellness in migrant domestic workers is to establish “recreational centers for domestic helpers and informal talks on mental health issues such as stress management.”<sup>44</sup>

The limited number of studies that have found a correlation between the nature of domestic labour, abuse by employers, and the negative impact on the health of migrant domestic workers signify that more research needs to be conducted especially in the context of Singapore. Recognizing the dearth of research on the health of migrant domestic workers in Singapore, we have conducted a participatory-action research study which explores the question of whether or not migrant domestic workers are at risk of developing poor health due to work-related stressors and abuses. The purpose of this study then is to identify the various work-related stressors and abuses facing migrant domestic workers, and how they have affected their physical and mental well-being.

---

41

<sup>41</sup> Holroyd et al., 2001: 181.

42

<sup>42</sup> Holroyd et al., 2001: 190.

43

<sup>43</sup> Holroyd et al., 2001: 197.

44

<sup>44</sup> Holroyd et al., 2001: 202.

## Methodology

Our qualitative, participatory-action research consisted of fifteen focus group discussions (FGDs) with 58 migrant domestic workers who were recently employed in Singapore. A qualitative approach was used to explore the themes and patterns that emerged for our participants while employed in Singapore as a migrant domestic worker. The duration of their employment ranged from a few days to over four years. The participants were recruited from the Humanitarian Organization for Migration Economics's (H.O.M.E.) shelter. The selection of the participants from H.O.M.E.'s shelter was due to the fact that they had all experienced some form of employer or agent abuse which was the reason why they were staying in the shelter. Therefore, the convenience sampling method served our research objectives well. The focus group discussions were held in a classroom provided by H.O.M.E., and each FGD had two to five participants. Since the FGDs were conducted in English, we only recruited women who had proficiency of English which was determined by their ability in understanding and answering the questions. The FGDs were carried out between June and September 2010.

### Sample Characteristics

Out of the 58 participants, 52 were from the Philippines, 4 from Indonesia and 2 from Myanmar. The age range of the participants was between 23 and 48 (median = 31.04 years old). In terms of their religious background, 58.6 per cent of the participants were Roman Catholics; 32.8 per cent subscribed to a Christian denomination; 5.2 per cent were Muslim; and the remaining 3.4 per cent identified as being Buddhist.

Education level was high as 27 participants (46.6%) reported having tertiary education while 26 participants' (44.8%) highest level of education was secondary, and the education level of the remaining 5 participants (8.6%) were either primary or unknown. The majority of the participants were single (56.9%) while the rest were married (43.1%). Upon arrival to Singapore, all participants reported that they were declared physically healthy by a physician during their mandatory medical exam. The majority of the participants (94.8%) indicated that it was their first time in Singapore working as a migrant domestic worker. However, there were several participants who reported that they did work as a MDW previously in Saudi Arabia, Hong Kong, Taiwan, Brunei and Jordan.

### Data Collection

The format of focus group discussions was used since it allowed the women to share their experiences, which in turn, validates them. We also found FGDs created a more relaxing and less intimidating atmosphere which promoted open dialogue. The FGD guide was designed to gather information on the stressors facing migrant domestic workers prior to and during migration to Singapore for employment, and how their health has been affected by these work-related stressors and abuses. The format of the FGDs was divided into six sections: the first section captured information on the pre-departure process; the second section captured information on the experiences upon arrival to Singapore particularly the treatment they received from their employment agents; the third section captured information on stressors relating to their work as well

as treatment by their employer; the fourth session centred on any physical or emotional health consequences due to work; and the last section focused on the various resources used to address any health problems.

The duration of the FGDs usually ranged from 1.5 hours to 3 hours with a lunch break at the halfway point. The duration of the FGDs varied due to the size of the group as well as the extent the participants were willing to share their experience. Almost all the FGDs were conducted by two facilitators – the lead author of this study and a volunteer from H.O.M.E. Detailed notes were taken at each focus group discussion. Also, each focus group session was tape-recorded though the audio was used only as a reference for the notes.

### Data Analysis

The framework for health that we used was based on the World Health Organization's definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."<sup>45</sup> Thus, the status of our participants' physical and mental health was equally inclusive in our study. We analyzed our data by coding and categorizing responses according to similarity in experience though we did not exclude atypical responses. Ethics approval was facilitated by H.O.M.E. and written and verbal consent was obtained from all participants after they were fully informed of the purpose of the study. In order to protect the identity of our participants, any quotes or responses used in this report will remain anonymous.

---

45

<sup>45</sup> World Health Organization's Constitution. Preamble. 1946.





## Findings

### Pre-Departure

When asked their reason for coming to Singapore to work as a domestic worker, the majority of the participants (77.6%) reported that it was for financial reasons, namely to provide financially for their children and family. Other reasons given included: wanting to leave their husbands due to marital problems, a desire to experience living in Singapore, intentions of applying for immigration to the United States or Canada through Singapore, and saving money to upgrade their livelihood in their home country such as opening a business, returning to college or building a house. One participant from the Philippines informed us that she was a victim of a flood and her house had been destroyed. Although she had a business degree and taught at a college, she stated that a domestic worker in Singapore earned more than a college teacher did in the Philippines, and so it prompted her to migrate to Singapore to become a domestic worker in order to save money quicker to rebuild her house.

Prior to leaving for Singapore, the majority of the participants (62.1%) recalled feeling very excited and happy especially at the prospect of earning a salary that would have been significantly higher than what they could earn in their home country. For the rest of the participants (37.9%), however, they reported experiencing high levels of stress including feeling homesick, scared, nervous, confused and worried prior to coming to Singapore. However, despite such reservations and stress, financial pressures ultimately became the main motivation for them to continue the process of applying for work in Singapore. All the participants reported that they applied to work in Singapore through

an employment agency either in their home country or in Singapore, and usually with the help of friends or relatives. Since many of the participants reported they found employment with the help of friends or family members already working in Singapore, the majority of the participants had at least one contact in Singapore. There were 14 participants (24.1%) who noted they had no contacts in Singapore. Only 4 participants reported they had signed an employment contract in their home country prior to departure for Singapore.

#### Upon Arrival to Singapore

*“I had asked to read my contract but my agent told me that it was ‘confidential’ and to just sign it quickly.”*

– Participant 47

*“I really expected that they would help but they did not help and were only making money, so I had no choice.”*

– Participant 34

There were 30 participants (51.7%) who reported that they were deceived when they realized what they were promised prior to departure was different upon arrival. Since employment agencies cover all the expenses including air ticket and placement fees, migrant domestic workers usually have to pay off the loan by sacrificing anywhere between six to nine months of their salary. Generally, migrant domestic workers are told about their salary, the amount of debt they owe, and the number of months that it would take for them to pay it prior to leaving for Singapore. For the participants who were interviewed, the loan deduction was typically between six to nine months. For 16 participants however, they reported their employment agents had increased their debts upon arrival in Singapore. Fourteen other participants noted they were deceived as the

employment situation differed significantly from what they were informed of while in their home country. The differences included a reduction in salary and not getting a rest day despite being promised one.

Another problem that came up was many of our participants did not receive a copy of their employment contract from their employment agency. Only 1 participant reported she was given a copy of her employment contract whereas the rest stated that either they were not given a copy of their contract or that their employer retained their copy. Moreover, when signing their employment contracts, 13 participants (22.4%) reported they were not given adequate amount of time to read their contract and instead, were pressured by their employment agents to sign it quickly. One agent even told the MDW that the details of the contract were “confidential” whereas another agent said he would become “angry” if the MDW did not sign the contract quickly. Despite feelings of excitement prior to departure for Singapore, the 30 participants who reported being deceived were shocked when they learned that what they had agreed to in their countries of origin such as their salary, loan deduction, and rest days were different when they arrived in Singapore.. Yet, as some migrant domestic workers stated, they simply had “no choice” but to accept the contract since they had a loan to pay off and very little resources to return home.

Upon arrival to Singapore, all except one participant reported that they stayed with their agency while waiting for an employer. Approximately 67.2% of the participants reported they felt their employment agents had treated them decently as reflected in the manner in which they addressed or spoke to them. However, 37.9% of

the participants stated that their employment agents treated them “badly” and they developed a fear towards their agents. The primary reason for their displeasure with their employment agents was the scolding and cursing that the agents would inflict upon them. Other reasons included: their belongings such as cellular phones and money being confiscated by their employment agents, being locked in at agency’s shelter at night, and being displayed at the offices of the employment agencies as if they were goods to be sold.

In terms of training, 25 participants (43.1%) stated that their employment agency had trained them in housekeeping and cooking. There were 5 participants (8.6%) who were trained in their home country by their recruitment agency. There were, however, 19 participants (32.6%) who received no training. Also, for those who had received training, there were several participants that reported their training consisted of simply cleaning their agent's house without an instructor to guide them on proper housekeeping techniques and usage of electronic equipments.

The living conditions provided by the employment agency ranged from acceptable to deplorable. Only 16 participants (27.6%) reported that they received adequate amount of food while staying with their employment agency. The remaining participants noted that they did not receive enough food and some complained they were given only minimal amounts of instant noodles, plain rice, bread or leftovers to consume. One participant reported that the agency would only allot five minutes to all MDWs to finish each meal, while another participant noted that the agency would withhold food as a form of punishment. Although the majority of the participants

(58.6%) stated that their employment agencies did provide a mattress or a bed for them to sleep on, a minority (15.5%) stated that they slept on a tablecloth on the floor or directly on the floor. There were several participants that reported that they went straight to their employer's household and thus did not have to stay with their employment agency. The duration of their stay at their employment agency ranged from one day to one month.

High levels of stress were experienced by the majority of the participants while residing at their employment agency. Of the 58 participants, 19 participants (32.8%) reported that they felt no symptoms of stress while staying with their agencies. However, the majority of the participants reported experiencing high levels of stress relating to homesickness, being overworked, being scolded or cursed at, worrying if their future employer will treat them well, and not being allowed to speak to other MDWs also residing at the agency. There were 5 participants who stated they experienced anxiety due to the surveillance cameras that were monitoring them. Nine participants noted they felt insecure since their employment agents had confiscated and retained all their documents including their work permits and passports. One respondent noted that her agent had thrown away the booklet she received from Ministry of Manpower (MOM) which had listed all the resources she could use if her employer was abusing her. Despite the fact that all the participants reported they were certified as being physically healthy during their mandatory physical exam upon arrival in Singapore, some of them have indicated that their emotional well-being began to deteriorate as a result of the poor living conditions while staying at their employment

agency, and the ill-treatment they received from their agents.

### Employment in Singapore

*"I don't feel like I have freedom. No freedom and no peace of mind."*

- Participant 12

*"They think that \$350 would be enough to pay for hurting our emotions."*

- Participant 51.

*"I cannot keep going because he's treating me like an animal."*

- Participant 58

When the participants were finally assigned an employer by their agent, the majority (63.8%) felt excited and optimistic during their first meeting with their employer. The enthusiasm was due to their employers treating them well and welcoming them into the household. The rest of the participants noted that they did not feel happy upon meeting their employers due to feeling homesick, feeling stressed by the amount of work required of them, being scared of their employer's unpleasant demeanour, and/or feeling nervous about meeting their employer's expectations. Yet, for those who replied they initially felt positive working for their employers, that positivity soured when their employers began to ill treat them. Out of 58 participants, only 4 reported they experienced no ill treatment of any sort from their employers and stated they had a good relationship with their employers. The other 54 participants, however, experienced some form of ill treatment from their employers which varied in severity. Table 1 summarizes the most common work-related stressors and ill treatment experienced by our participants.

**Table 1: Common Stressors and Ill Treatment Experienced by Our Participants While Employed in Singapore as a Domestic Worker**

<b>Work-Related Stressors/Abuses</b>	<b>Percentage of Participants who did experience</b>	<b>Percentage of Participants who did not experience</b>
Restriction in Movement	77.6%	20.7%
Restriction in Communication	34.5%	48.3%
Withheld Wages	31.0%	79.0%
Salary Deductions for Mistakes	20.7%	79.3%
Sleep Deprivation (Had Less Than 6 Hours of Sleep)	41.4%	59.6%
Denial of Rest Days	70.7%	29.3%
Food Deprivation	58.6%	41.4%
Physical Abuse (Including Sexual Abuse)	24.1%	65.9%
Verbal and Emotional Abuse	87.9%	12.1%

Restriction in movement was a common complaint by the majority of our participants. There were 7 participants who reported that they were physically locked within the confines of the house; 25 participants noted that though they were not locked within the house, they were not allowed off the premises; and 13 participants reported they were allowed to leave the premises only when instructed to do so by their employers but not otherwise. Only 12 participants (20.7%) were allowed to leave the premises without permission from their employers, though this was mainly on their day off. Many participants reported their employers restricted their communication with their family and friends. Just a little under half of the participants (48.3%) were allowed to or secretly kept a cellphone, and thus had regular communication with their family or friends. However, 20 respondents (34.5%) noted their cellphones were confiscated and they had very little or absolutely no communication with their families. For those with little or no communication with their families, three participants reported their

employers would let them use the home phone once every month, once every two months, and 10 minutes a week. Other participants reported that their employers simply refused to allow them to use home phone to call their loved ones. Two participants found alternative methods of contacting their families. One participant befriended a neighbouring migrant domestic worker who then lent her a phone to use to call home. Another respondent reported that for her first three years of employment, she would sneak out in the middle of the night to go use a payphone to call home. In her fourth year, she secretly kept a cellphone but when her employer caught her, her employer punished her by confiscating the phone and then locking her inside the house whenever the employer was not home.

Withheld wages was also a form of abuse suffered by some of the participants. Approximately 18 participants (31.0%) reported they were owed wages ranging from one month to 8 months. In addition, 12 participants (20.7%) stated their employers would deduct from their salaries if they made a mistake. For example, one respondent reported her employer would deduct 50 to 100 dollars for big mistakes and 1 to 10 dollars for smaller mistakes. There was one instance when she was deducted 150 dollars for ironing a shirt which she knew was not meant to be ironed as stated on the label, but her employer had insisted despite her protest. The shirt was ruined and the employer held her responsible and thus, deducted 150 dollars from her salary. When she asked her employer why she had to deduct from her salary, her employer's response was "If I never take your money, then you will never be scared."

Long work hours and denial of a rest day were also common forms of abuse as



reported by the participants. The average amount of sleep was six hours though 24 participants (41.4%) reported that they had fewer than six hours of sleep with three participants averaging only 3.5 hours a night. Only 7 participants reported that they had eight or more hours of sleep regularly. When not sleeping, all the migrant domestic workers disclosed that their employers expected them to start work from the time they got out of bed (average was 6 a.m.) to the time they were allowed to go to bed (average was 12 a.m.). This means that the average amount of work hours in a single day was approximately eighteen hours. Furthermore, exactly half of our participants reported that they were illegally deployed. Under the law, migrant domestic workers are only allowed to work at the address stated on their work permit. Half of the participants' employers, however, illegally sent them to work in another household or at businesses they owned which merely increased their work hours without necessarily providing greater amount of rest or compensation. The majority of our participants (70.7%) also disclosed that they never received any rest days for the duration of their employment. There were only two respondents that noted that they received two rest days a month while the remaining participants (25.9%) reported that they received one rest day a month.

Another common form of abuse experienced by our participants was food deprivation. The majority of our participants (58.6%) reported that they did not receive adequate amount of food while employed. Many cited that their employers gave them very little amount of food per meal, gave them either spoiled or nearly expired food, and/or give them leftovers off other family member's plates most notably the children's.

Four MDWs were forced to ask their neighbouring MDWs to sneak them some food by either passing it through gate outside or tying the food on a string and throwing it over though the kitchen window. Two participants stated that their employer would withhold food as a form of punishment. When asked why they did not attempt to cook or buy their own food, the common response was they were not allowed to leave the premise of the household, and that their employers were vigilant in counting the amount of food in the fridge which caused them to be afraid to eat anything without explicit permission.

Lack of privacy and poor living conditions were also stressors which many of our participants faced. There were 20 participants (34.5%) who reported they had their own bedroom; 9 participants (15.5%) disclosed that they slept in the storage room alone; 13 participants (22.4%) noted that they shared a room with either their employer's family members such as children or grandparents or with another MDW employed in the household; 5 respondents (8.6%) slept in the living room; 2 participants (3.4%) slept in the hallway; and the remaining participants slept in the kitchen or the dining room. Furthermore, 9 participants (15.5%) reported their employers would limit their bathing time; they were not permitted to use any hot water; and for several of the participants, they were only allotted one bucket of water a day to cleanse themselves. With regards to the lack of privacy, several participants who had their own rooms reported that they were not allowed to close their bedroom doors since their employers wanted to periodically check on them during the night. Also, 6 participants disclosed that there were surveillance cameras situated all over the house and thus, if they wanted to take a rest from their work, they were reluctant to do so since cameras were monitoring them

throughout the day.

When asked if religious practice was permitted in the household, the answers varied. Many reported that they were unable to attend a religious institution since they did not have a rest day and were not permitted to leave the household premises. However, most of the participants noted they found opportunities to practice either when their employers were out of the house or just before they went to sleep. There were two participants who stated their employers openly restricted them from practicing their religion. One participant who was a Roman Catholic mentioned that her employers would refer to her as the “devil in the house” as the employers were Jehovah's Witnesses. The other participant who was Christian stated that her employer restricted her from practising her religion openly in the household and even forced her to attend a Hindu temple with her.

Although physical abuse was not experienced by the majority of our participants, there were 14 participants (24.1%) who reported that they were physically abused by their employers or family members of their employers. Physical violence from children was prevalent for 5 respondents who noted that their employer's children would kick, scratch, poke, punch, pull their hair, and slam their heads into the wall. There were two participants who reported that the children of their employers had sexually abused them. One participant had experienced sexual abuse at the hands of her employer's two teenage sons who had molested her during one instance. For the other participant who was sexually abused, she reported that it was her employer's seven-year-old son who often attempted to touch her inappropriately. For example, he would reach under her

shirt to try to touch her breasts and he would always ask to see her naked. Although she had mentioned the inappropriate behaviour to her employer, her employer did not discipline her son and instead warned the MDW that she was not allowed to reprimand her son and so she should tolerate it. For the other 7 participants, it was their employers who had abused them. Forms of violence included punching, pushing, kicking, pulling their ears, slamming their heads into the wall, hitting their heads with their fists or with an object, whipping with the use of a towel, beating with the use of a bamboo stick, flicking their eyelids with their fingers, and stabbing their hands with a fork. The participants explained that the physical abuse from their employers was usually inflicted when the employers found out they had made mistakes with some being very minor. For example, one respondent disclosed that her employer had dragged her down three flights of stairs by yanking her ear because she had forgotten to close one of the windows.

The most common form of abuse experienced by the majority of our participants (87.9%) was verbal and emotional abuse. Only 7 participants (12.1%) reported that they experienced little or no verbal or emotional abuse from their employers. The majority of the participants, however, disclosed that verbal and emotional abuse was often daily and severe. Most frequently used insults included: idiot, no-brain, brainless, crazy, stupid, rubbish, bitch, and dirty person. Other forms of verbal abuse also included endless scolding over small mistakes, accusations of theft, and threats of blacklisting the migrant domestic worker or calling the police if they attempt to run away. Several participants stated that the verbal abuse was “emotional torture.” One participant

recounted a story in which her employer had verbally abused her so harshly that she had blacked out, though this may have also been triggered by the deprivation of food and lack of sleep she had experienced while working in the household. Another respondent also recalled an incident when her employer shouted at her so severely that she urinated herself. Verbal and emotional abuses were considered the most significant work-related stressor that affected their mental well-being.

Health Implications Arising from Employment as a Migrant Domestic Worker

Work-related stressors and various forms of abuse suffered at the hands of their employers had a direct and negative impact on our participant's health - producing physical ailments and emotional distress. Physical ailments included body aches and pains, weight loss, gastric problems, fatigue, and headaches and migraines. Symptoms of mental illness included anxiety, loneliness, and sadness (possibly depression) also developed for many of our participants. Table 2 summarizes the various physical and mental ailments experienced by our respondents.

**Table 2: Physical Ailments and Symptoms of Mental Illness that Developed in our**

**Participants**

<b>Physical ailments and symptoms of mental illness</b>	<b>Percentage (%) of Participants who experienced the symptom/ailment</b>	<b>Percentage (%) of Participants who did not experienced the symptom/ailment</b>
Body Pains and Aches on a Regular Basis	89.7	11.3
Low Levels of Energy	96.6	3.4
Sleep Patterns Disturbed	81.0	19.0
Headaches and/or Migraines	65.5	35.5
Weight Loss	77.6	22.4

Gastric Problems including Diarrhoea	31.0	69.0
High Levels of Stress	91.4	7.6
Anxiety and Worry	91.4	7.6
Anger	63.8	36.2
Confusion	96.6	3.4
Humiliation and Embarrassment	62.1	37.9
Loneliness	93.1	6.9
Sadness/Depression	98.3	1.7
Feelings of Wanting to Commit Suicide	12.1	87.9

Body pains and aches were present on a regular basis for the majority of our participants (89.7%). This included back pain, numbness and swelling in the hands, leg cramps, shoulder pain, and aches in the arms. Several participants reported that they had to give massages to their employers (lasting up to 3 hours), and so their hands would be particularly painful in the morning. A few participants noted that it was difficult to sleep at times since their body ached intensely. With the long work hours, lack of sleep, and numerous responsibilities, it is not surprising that all but two of our participants reported that they felt fatigued most of the time. Despite the low levels of energy, only 11 participants reported that they found it easy to fall asleep at night due to their exhaustion. For 19 participants, they informed us that their sleep patterns would often get disturbed by their employers who would wake them in the middle of the night to complete a chore. The remaining respondents found it difficult to fall asleep for reasons which included worrying about their family and children who they had little or no contact, worrying about their workload, and feeling anxiety due to the anticipation of being verbally abused by their employers on the following day.

Regular onsets of headaches and migraines were experienced by the majority of

our participants (65.5%). The occurrences of headaches and migraines ranged from once a week to every day. Weight loss was an issue as well since only 13 participants (22.4%) reported that they did not lose any weight while working as a domestic worker. The other 45 participants (77.6%), however, experienced significant weight loss averaging at 6.55 kilograms with the range between 1 kilogram and 17 kilograms. The participants referred to long work hours and food deprivation as the reasons for their weight loss. Lack of food and irregular eating hours also affected some of the participants' digestive system as 18 respondents (31.0%) reported that they experienced gastric problems and diarrhoea quite often.

There were two unique health cases that were particularly serious. One participant reported that upon arrival to Singapore her menstrual cycle was normal. However, when she began working for her employer, she was under such immense stress from being overworked and not having adequate amounts of sleep, her menstruation did not come for the duration of her employment (4.5 months). Another respondent reported that for fifteen days straight her body ached intensely. One night she slightly squeezed her breasts and pus and blood were discharged. She informed her employer who then brought her to a doctor in which he recommended that she received a mammogram. However, the employer refused to pay for it and scolded her for having developed the condition. Her employer attempted to send her back to the employment agency and her employment agent called and yelled at her, "Why are you dying?" – this response truly demonstrates the insensitivity and disregard that some employers and employment agents have towards the health of migrant domestic workers. Although we

cannot state definitively that her medical condition was a result of the work-related stressors she faced, her story does signify that when MDWs are completely dependent upon their employers, it leaves the MDW with very little options in regards to seeking medical treatment.

All the participants who reported developing physical ailments also informed us that these symptoms developed only after they began their employment. As evident from our data, there seems to be a connection between abuses suffered in the workplace and the deterioration of migrant domestic workers' physical health. The correlation also seems to exist in regards to migrant domestic workers' mental health. Due to the demanding pressure of their work and abuses incurred in the workplace, the majority of our participants (91.4%) revealed that they frequently experienced high levels of stress during the time of their employment. The reasons for their high stress levels were attributed to being overworked, being constantly scolded, feeling immense pressure from their employers to finish their work on time, financial pressure to remit earnings home or to pay off their debts, and feeling uncomfortable with the responsibility of being a nursing aide for the elderly in the household.

Anxiety and worry was also frequently experienced by the majority of our participants (91.4%). Anxiety and worry was mainly caused by homesickness, maltreatment from their employer, and debts they owed. Due to the lack of communication with their families, many participants noted that they were constantly worried about the well-being of their families especially their children. Other participants cited that they felt extreme anxiety which stemmed directly from their



employer's abusive actions towards them. For several participants, the severity in their anxiety as a result of their employer's abusive treatment towards them was especially problematic. One participant reported that she felt such an overwhelming anxiety over her employer's abusive treatment that she would consistently have nightmares of her employer yelling at her. Another respondent disclosed that she found it difficult to sleep because she would be shaking due to anxiety caused by the emotional and verbal abuse from her employer. One migrant domestic worker mentioned that she was kept awake by her fear that her employers would follow through on a threat that they would kill her. Stress caused by financial worries was also a serious concern for some of our participants. Considering it is only after their loan is paid off that MDWs are given their full salary, some of participants reported that they tolerated the poor working conditions and ill treatment from their employers in order to pay off their loan, so they can start remitting earnings home. Since the majority of our participants migrated to Singapore to provide their families financially, there was a lot of pressure to finish their two-year contracts in order to ensure that they will actually be able to support their families financially. Thus, anxiety levels over financial concerns were exacerbated by the poor living conditions and abuses incurred in the workplace since our participants felt they had no choice but to endure it no matter how difficult it was for them physically and mentally.

Anger was another symptom that was present for over half of our participants (63.8%) who cited that their anger was a result of the constant verbal and emotional abuse from their employers. Moreover, their employers usually did not give them any

opportunities to explain their “mistakes” which caused greater frustration in our respondents. Of the 37 participants who reported that they felt angry quite frequently, not one participant said that she expressed her anger to her employer who was the source of her frustration. Instead, the participants stated their only option was to suppress the anger so their employers would not perpetuate a more hostile working environment. Anger over being unjustly reprimanded also created confusion for many of our participants. An overwhelming majority of our participants (96.6%) reported feeling usually confused during their employment. The causes of their confusion included: not knowing which instructions they should follow especially if the instructions conflicted since it was given by two different people in the household; not understanding why their employers were constantly verbally abusing them over minor or even no mistakes committed on their part; and not knowing how to prioritize the numerous chores they had to do.

Verbal and emotional abuse also instigated feelings of humiliation and embarrassment for some of our participants. There were 36 participants (62.1%) who reported that there were incidents in which they felt humiliated or embarrassed due to their employer reprimanding them in a public space or in front of guests at home. The participant who previously was employed as a human resources teacher in a Filipino college stated that her employer would frequently remind her that she was “only a maid” in Singapore – degrading her status and identity for the purpose of humiliating her. Several other participants stated they felt incredibly humiliated as their employers would verbally abuse or yelled at them in public places such as the supermarket causing

a scene.

Restricted communication and forced isolation created a deep sense of loneliness for most of our participants (93.1%). Only 4 participants indicated that they did not experience any feelings of loneliness as they either had regular contact with their families and/or were able to cultivate friendships with other migrant domestic workers in Singapore. The majority of the participants however attributed their loneliness to the lack of communication with their family, confinement in the household, restrictions in speaking to other migrant domestic workers, and having nobody to confide in about their problems. One participant stated feelings of loneliness and despair were especially prevalent “because nobody can talk to you, [and] you cannot open up your feelings.” Not surprisingly then, work-related stressors and abuse from their employers also evoked feelings of sadness and depression in the majority of our participants. All except one participant reported they felt a sense of despair and sadness throughout the duration of their employment. It seems that the main causes for their general feeling of despair were the abuses they suffered at the hands of their employers along with homesickness.

Despite the majority of our participants experiencing deep feelings of sadness (possibly even depression), there were only 7 participants who reported they had feelings of wanting to commit suicide during their employment. Of the 7 participants, there was only one participant who attempted to take her own life. This respondent recalled an instance when after she was informed that her four-year-old daughter had been hospitalized due to a car accident, she had felt incredibly helpless. She also could not remit any money home because her employer had returned her to her employment

agency, and thus, she was waiting for a transfer to another employer. However, a common practice among employment agencies in Singapore is that if a migrant domestic worker is sent back to her employment agency before her loan is paid off, there will be an automatic increase in her debt by two months when a new employer is found for her. Since her debt increased for another two months, it also meant it would take even longer before she could remit money home to her daughter. This had caused the participant to feel so helpless and hopeless that she attempted to run into oncoming traffic. The attempt was unsuccessful because another migrant domestic worker anticipated what she was about to do and pulled her back.

When asked if the symptoms of mental illness (such as anxiety/worry, stress, loneliness, sadness, anger, humiliation/embarrassment, and feelings of wanting to commit suicide) were present prior to their employment in Singapore, the majority of the respondents (77.6%) reported that these symptoms only developed after they began working for their employer. The remaining participants (22.4%) informed us that some of the symptoms such as loneliness, sadness, and anxiety developed upon arrival to Singapore but intensified during their employment. Moreover, when asked whether or not they were able to rest or seek help when feeling physically or emotionally distressed, only 5 participants (8.6%) reported they were able to but the majority of the participants informed us they would have to work through the distress because they needed to finish their work on time in order to avoid being scolded or verbally abused by their employers. Although all our participants had run away from their employer's household to H.O.M.E.'s shelter signifying that they could no longer tolerate any more abuse, the

participants did suffer a large amount of abuse since the average duration of employment was 7.5 months with the range being 3 days to 4 years. Furthermore, the majority of our participants (91.4%) indicated that even if they were feeling physical or emotional distress, they would not let it interfere with their work since they did not want to incur any further verbal or emotional abuse from their employers or they felt they simply had “no choice”. Only 5 participants (8.6%) took a rest when they felt physically or emotionally distressed. Therefore, since the majority of our participants had to work despite feeling unwell, they must have developed some coping mechanisms or utilize outside resources which helped alleviate some of the symptoms of physical and emotional distress during the time of employment.

#### Resources and Coping Mechanisms

Considering the bulk of the abuses were inflicted by their employers, we asked our participants whether or not they ever informed their employers about their deteriorating physical and/or mental health. According to the law, the employer is responsible for the well-being of his or her MDW and thus, is responsible for obtaining medical assistance if the MDW requires it. In spite of this, however, the majority of our participants reported that they did not inform their employers about their physical and mental distress though the respondents were more willing to approach their employers regarding any physical health issues (41.4%) as opposed to symptoms of mental illness (17.2%). When asked why they did not disclose their deteriorating health status, the participants replied that they felt either scared of their employers, not comfortable with

speaking to their employers, or that their employers simply did not seem to care about their well-being. For example, one participant reported that after she tried to talk to her employer about a problem, her employer responded, “no time to entertain.” Another participant recounted that when she tried to inform her employer about a health issue, her employer replied, “You can stay until you die here.”

Although the majority of our participants developed some health problems during the duration of their employment, only 7 were actually taken to a doctor for medical attention with 1 participant having to pay her own medical fees. The other 51 participants only saw a doctor during their mandatory six-months medical check-up. Furthermore, 23 participants (39.7%) reported they had to buy their own medicine since their employers did not provide them with any when they needed it. The majority (60.3%), however, indicated that either their employers would give them medication when they requested it or they simply never asked for any medication. Asking her employer for medicine proved to have disastrous consequences for one of our participants. She recalled one incident when she had informed her employer that she had a migraine. Her employer attempted to resolve the issue by rubbing herbal oil on her scalp. The effect of the herbal oil, however, ended up burning her scalp with hair falling out. When she asked to see a doctor, the employer said that he only would take her if she paid for the medical fees herself, even though according to current regulations, the costs should be borne by the employer. Considering she just began her employment and therefore had a huge debt to pay off, she declined the offer.

When questioned if they contacted their employment agents, the majority of the

participants (56.9%) expressed that they did call their agents to inform them about their health issues. However, only 8 of the 33 participants reported that their employment agents were helpful with a couple of agents even encouraging two of our participants to seek help at H.O.M.E. The rest of the participants who contacted their employment agents reported that their agents either did not seem concerned about their well-being, or encouraged them to “be patient” and to endure their poor working conditions since they had a loan to pay off, or they scolded them for calling for help. Some participants also stated their employment agents ignored their calls or text messages. We had two participants who experienced severe forms of abuse from their employment agents. When one participant was sent back to her employment agency, her employment agent punished her by locking her in the bathroom for 12 hours straight and denied her food. Another participant who was sent back to her employment agency was subsequently raped and beaten by her employment agent for four days before she could escape to the Indonesian embassy. Thus, even though employers and employment agencies are supposed to ensure the well-being of their migrant domestic workers, our participants' responses show that some are likely not to fulfill their responsibilities. It is extremely problematic since it leaves migrant domestic workers with very little resources in obtaining medical assistance for health problems. Thus, our participants had to find alternative mechanisms that enabled them to cope with their deteriorating health.

The most widely-used coping mechanism as reported by our participants was prayer. All except one participant informed us that prayer was their main coping mechanism as their faith provided them with hope that the situation will get better.

Many participants also cited that it was their faith in God that prevented them from attempting suicide or having suicidal thoughts. Another popular coping mechanism for the majority of our participants (91.4%) was to distract themselves with their work as a way of ignoring their mental and/or physical distress. One participant stated that it was “better to ignore the tiredness than [having the employers] being angry.” Crying was also a common coping mechanism as it was employed by 40 participants (69.0%). For those who cried on a regular basis, they found that it was helpful in releasing their sadness and anger especially since they were unable to speak to their employers about the abuses or the poor work conditions.

When asked if they contacted their family or friends to inform them of their work situation and the negative impact it had on their health, over half of our participants (58.6%) reported that they talk to their families or friends. However, some of the participants who reported they had been able to communicate to a friend, a neighbour, or a family member, did so in secret and thus, could not sustain the support network. For those who did not contact their family or friends about their health problems, they cited that the main reason was the restriction in communication imposed on them by their employers. There were 14 participants (24.1%) who purposely avoided disclosing their deteriorating health status to their family members and friends because they did not want them to worry about their well-being.

When asked if they attempted to contact the Ministry of Manpower, only 3 participants reported they did. However, two of the participants who called the MOM helpline could not get through to them. The third participant had run away to the



Ministry of Manpower who then sent her back to her employment agency in which her employment agent then punished her by locking her in the bathroom for 12 hours. She eventually ran away from the employment agency to H.O.M.E.'s shelter. In terms of contacting the embassy, only 1 participant ran away to her embassy who subsequently tried to send her back to her employment agency but instead, she went to H.O.M.E.'s help desk in Lucky Plaza. Negative impressions of their embassies were also prevalent amongst our participants. The general consensus was the embassies were ineffective and would often try to send them back to their employer or employment agency. As one participant stated, "Embassy will not help unless you are physically abused."

Other self-coping mechanisms for some of our participants included singing, calling a helpline such as H.O.M.E. or Samaritans of Singapore (S.O.S.), painting, listening to music, locking oneself in the bathroom to cry, joining a fellowship at church, and writing their problems down in a journal. A particularly unique coping mechanism used by one of our participant was she would sneak out of the house in the middle of the night to a local park where she would scream and cry until she felt well enough to return. Another participant reported that she would lock herself in the bathroom during severe times of emotional distress (usually after her employer had verbally abused her) and would hit herself or punch the wall to release her anger.

All the different forms of employer abuse and work-related stressors have clearly had a negative effect on the physical and emotional well-being of our participants. This suggests that migrant domestic workers are vulnerable not only to abuses in the workplace but also are at risk of developing health problems as a result of them.

Furthermore, there is a lack of resources in the community for MDWs to express any distress experienced at their work place. The varied coping mechanisms demonstrate that migrant domestic workers who are entirely reliant on their employers for their health needs are often left with few resources to directly address any health problems if their employers refuse assistance. Several predominant themes such as deception, enforced isolation, inhumane treatment also repeatedly came up in all of our focus group discussions.

## Discussion

### Limitations

There are several limitations in this study that must be acknowledged. First, since all our participants had run away from their employers or employment agencies to H.O.M.E.'s shelter, our research is not representative of all migrant domestic workers in Singapore since we did not speak to any currently employed MDWs. Second, our research may be subjected to criticism of being biased since we did not speak to the employers or employment agents of our participants. However, the lack of representation was a result of limited funding and manpower, and thus, we were unable to expand our research to include a sample size of currently employed MDWs, employers, and employment agents. Finally, since the physical and emotional health issues were self-reported by our participants and not diagnosed by a health professional, we cannot state definitively that our participants had developed specific medical conditions. Regardless of these limitations, this study is informative as it sheds light on the correlation between domestic work, workplace abuses, and the negative impact on migrant domestic workers' health in Singapore; and in turn, it demonstrates that more research is much needed in this area.

### Deception

Deception regarding employment conditions significantly affected many of our participants. Considering only 1 participant signed an employment contract in her home country prior to coming to Singapore, migrant domestic workers often come to

Singapore under good faith that the working conditions including salary and rest days as promised by their employment agents or future employers will be honoured once they arrive in Singapore. Over half of our participants (51.7%) disclosed that they were deceived as their employment conditions differed from what they were promised prior to departure for Singapore. Many of the respondents also suggested that if they had known what the actual employment conditions consisted of, they may have decided against migrating to Singapore for work. Many of the respondents also felt compelled to endure the exploitative working conditions for fear of punishment and making their employment agents angry. Moreover, the debt incurred upon arrival in Singapore is usually so high that our respondents felt they had no other option but to work in order to pay off their debts. Deception is a serious problem since the recruitment of migrant domestic workers under false pretences could technically be viewed as human trafficking as defined by the United Nations in the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime*:

“Trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of *deception*, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery,

servitude or the removal of organs...”<sup>46</sup>

Yet, since Singapore's government currently does not have any anti-human trafficking legislation, the common practice of deception in the recruitment of MDWs by employment agencies is expected to continue, which in turn, will merely perpetuate the cycle of abuses against migrant domestic workers in Singapore.

### Enforced Isolation

Enforced isolation and restricted communication proved to be particularly detrimental to the MDWs' ability to seek assistance for health problems. Employers are responsible for the well-being of their migrant domestic workers. However, as long as employers take their MDW for her mandatory six-months medical check-up, employers can renege on their responsibility of providing medical attention for their MDW for other health-related problems if they feel it does not warrant medical services. MDWs are thus particularly vulnerable to developing further health implications especially if their employers also deny them the freedom of movement which limits the ability of MDWs to seek medical assistance on their own. Workplace confinement and restricted communication also eliminates the ability of MDWs to build support networks which has been argued by Mkandawire-Valhmu as being important for maintenance of good mental health. As Mkandawire-Valhmu found in her study on Ethiopian domestic workers, social isolation “affects women's mental health by preventing them from

---

46

<sup>46</sup> *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Against Transnational Organized Crime*; Article 3(a).

fulfilling the basic human need of social interaction.”<sup>47</sup> This was indeed evident in our participants' experiences as many of them reported that during time of emotional distress, they wished they had been able to confide in someone in order to alleviate the emotional turmoil and thus, maintain their mental health. Enforced isolation then, not only limits the ability of migrant domestic workers to seek medical help for physical ailments irrespective of their employers' assistance, but it eliminates the possibility for developing social support networks which could help combat deteriorating mental health.

### Inhumane Treatment

A predominant theme that came up in all our focus group discussions was the feeling of being treated inhumanely. The majority of our participants (82.8%) informed us that they felt that their employers did not care at all about their well-being and instead, degraded them. When asked how they would describe the way in which their employers treated them, common responses included feeling like their employers treated them like a slave, machine and animal. The overwhelming consensus was that they felt their employers had taken their dignity from them and treated them as if they were not fellow human beings to be respected. Moreover, the employers would consistently reinforce their lower status by reminding the MDWs that they were simply “maids” on the employer’s payroll.

The constant humiliation and degradation associated with the inhumane

---

47

<sup>47</sup> Mkandawire-Valhmu, 2010: 117.

treatment, being overworked, and constantly being verbally and emotionally abused impacted our participants' well-being greatly, in particular with regards to their mental well-being. It could have potentially increased their chance of developing a chronic mental illness since "severe life events and chronic difficulties, particularly those characterized by humiliation, entrapment and defeat, have a well-established role in bringing about episodes of mental disorder."<sup>48</sup> Although Singapore's government has a regulatory system that periodically checks up on employers' proper treatment of their MDWs, the system is not comprehensive enough as it does not review all employers of MDWs. Instead, the government relies on migrant domestic workers to come forth and file their complaints, which is problematic as many MDWs are confined to the workplace with very few opportunities to seek redress from the Ministry of Manpower. Complaints of verbal and emotional abuse are often rejected as legitimate complaints when they are filed with the authorities. Thus, the constant degradation and humiliation faced by migrant domestic workers may have a detrimental effect on their mental health, but the state is largely unconcerned with this form of abuse which also indicates that it does not prioritize the mental well-being of migrant domestic workers either.

---

48

<sup>48</sup> Anbesse et al., 2009: 564.

## Recommendations

*Increase legal protections for migrant domestic workers by including them in the Employment Act or comparable legislation which gives equal protection to other low wage workers.*

- Weekly days off, annual leave, public holidays and limits to work hours are rights guaranteed to all low wage workers. By extending such protections to migrant domestic workers, they will have greater opportunities to rest, recreate and seek help when necessary.

*Amend Security Bond Conditions*

- Employers who fail to repatriate their workers may lose a S\$5000 security deposit to the Ministry of Manpower. As a result, the fear of losing their deposit is one of many reasons employers preventing workers from taking days off and leaving the household. This should be repealed. It also prompts employers to illegally retain their migrant domestic worker's documents including her passport and work permit and consequently, entraps her in the workplace for if she runs away and is found, she could be considered an undocumented migrant without the proper documents.

*Establish a more effective mechanism that will monitor and regulate employers' treatment of migrant domestic workers*

- Relying on migrant domestic workers to file complaints against their employers is ineffective as many migrant domestic workers are confined in the workplace and have restricted communication. Thus, Singapore's government must establish a



more effective mechanism that will monitor, prevent, and regulate employers' treatment of migrant domestic workers to ensure the well-being of migrant domestic workers.

*Require insurance companies to extend coverage for mental health services and treatment for pre-existing conditions*

- Extending coverage for mental health services and treatment for pre-existing conditions will ensure that the well-being of migrant domestic workers is better protected as employers will be less likely to repatriate their migrant domestic worker since such medical assistance is included in their insurance policy. At the very minimum, psychiatric assessments should be covered under the insurance policy since it would inform the migrant domestic worker her health status so she could seek medical assistance if she is repatriated to her home country.
- By including treatment for pre-existing conditions, it will prevent the spread of the disease in the sending country (since employers usually repatriate migrant domestic workers immediately if they discover they have a pre-existing illness such as Tuberculosis) which will contribute to the good health of future migrant domestic workers in Singapore.
- The inclusion of mental health services in the medical insurance will also alleviate the fear of MDWs in revealing their deteriorating mental health to their employers. Employers will then be more likely to obtain medical assistance for their MDWs, and this in turn will promote a more harmonious work environment.

*Establish more readily available resources such as help desks in popular gathering areas for migrant domestic workers.*

- Establishing help desks in popular gathering areas for migrant domestic workers would increase their ability to access legal protection and file complaints of abuses incurred in the workplace.

Help desks would also allow other migrant domestic workers to report suspected abuses of other MDWs who may not be able to do so themselves if they are confined in the household. Immigration officials can then follow up on these reports of suspected abuses.

*Establish a free walk-in clinic for migrant domestic workers who require medical assistance but are denied it by their employers.*

- By establishing a free walk-in clinic for migrant domestic workers, it increases their ability to access medical services for health problems that their employers have chosen to ignore. This will also promote good health in migrant domestic workers and lower their risk of developing chronic illnesses or further health implications.

*Enhance the professionalism of employment agencies dealing with the hiring of domestic workers.*

The staff at employment agencies should be trained in counselling, effective interpersonal skills, cross cultural communication techniques, and mediation. Evidence of such skills and training should be made criteria for approval of licenses and license renewal. The Association of Employment Agencies (AEAS) and Case Trust should take a proactive role in professionalising employment agencies by making available appropriate training courses and other resources for their members. These organisations should work towards shifting the mindset of employment agents from

treating domestic workers as products to be sold to clients who are deserving of decent services.

*Enhance efforts to educate employers on employer-employee relationship management, and managing the stresses associated with live-in domestic work.*

Even though the Ministry of Manpower has implemented an employer's orientation programme, it is targeted at first time employers only. More efforts should be made to reach out to existing employers. Incentives should also be given to employers for attending such courses. Employer associations such as the Singapore National Employer's Federation and professional bodies such as the Singapore Human Resources Association should look into reaching out to employers and conducting courses in collaboration with the Ministry of Manpower and employment agencies on such issues.

*Promote the establishment of social support networks for migrant domestic workers to help them cope with the stress of live-in domestic work, improve their ability to communicate with employers effectively and inculcate skills to build a positive and professional relationship with employers.*

Workshops and lectures on such issues should be made available and employers should be encouraged to allow migrant domestic workers to attend them. Grassroots organisations should be encouraged to take a proactive role in the establishment of such groups together with non-government organisations concerned with the welfare and rights of domestic workers.

Promote the establishment of social support networks for employers of migrant domestic workers to help them build a positive and professional relationship with their domestic worker, especially in the areas of dispute resolution, effective communication and management of expectations with regard to job scope and behaviour at work. Grassroots organisations and workplaces should be encouraged to take a more proactive role in the establishment of such support groups.

## References

- Abu-Habib, Lina. "The Use and Abuse of Female Domestic Workers from Sri Lanka in Lebanon." *Gender and Development*, 1998;6(1):52-56
- Anbesse, Birke, Hanlon, Charlotte, Alem, Atalay, Packer, Samuel, and Whitley, Rob. "Migration and Mental Health: a Study of Low-Income Ethiopian Women Working in Middle Eastern Countries." *International Journal of Social Psychiatry*, 2009; 55(6): 557-568.
- Bagley, Christopher, Madrid, Susan, Bolitho, Floyd. "Stress factors and mental health adjustment of Filipino domestic workers in Hong Kong." *International Social Work*, 1997;40:373-382.
- Carballo, Manuel. "The Challenge of Migration and Health." *International Centre for Migration and Health*. 2007.
- Devasahayam, Theresa W. "Placement and/or Protection? Singapore's Labour Policies and Practices for Temporary Women Migrant Workers." *Journal of the Asia Pacific Economy* 2010;15(1):45-58.
- Dinat, Natalya, and Peberdy, Sally. "Restless worlds of work, health and migration: domestic workers in Johannesburg." *Development of South Africa*, 2007;24(1):187-203
- Grande, Nona, Kerr, Joanna. "'Frustrated and Displaced': Filipina Domestic Workers in Canada." *Gender and Development*, 1998;6(1):7-12.
- Holroyd, Eleanor A., Molassiotis, Alex, Taylor-Pilliaie, Ruth E. "Filipino Domestic Workers in Hong Kong: Health Related Behaviors, Health Locus of Control and Social Support." *Women & Health*, 2001;33(1): 181-205.
- Human Rights Watch*. "Maid to Order: Ending Abuses Against Migrant Domestic Workers in Singapore." Vol. 17, No. 10; December 2005.
- Jureidini, Ray, Moukarbel, Nayla. "Female Sri Lankan Domestic Workers in Lebanon: A Case of 'Contract Slavery'?" *Journal of Ethnic and Migration Studies*, 2004;30(4):581-607.
- Lau, Phyllis, Cheng, Judy, Chow, Dickson, Ungvari, GS, and Leung, CM. "Acute Psychiatric Disorders in Foreign Domestic Workers in Hong Kong: A Pilot Study." *International Journal of Social Psychiatry*, 2009;55(6):569-576.
- Mahendran, R., Aw, S.C. "Psychiatric Illness in Filipino Maids Admitted to Woodbridge Hospital." *Singapore Medical Journal*, 1993;34:38-40.

Mkandawire-Valhmu, Lucy. "Suffering in Thought': An Analysis of the Mental Health Needs of Female Domestic Workers Living with Violence in Malawi." *Issues in Mental Health Nursing*, 2010;31:112-118.

Mkandawire-Valhmu, Lucy, Rodriguez, Rachel, Ammar, Nawal, Nemoto, Keiko. "Surviving Life as a Woman: A Critical Ethnography of Violence in the Lives of Female Domestic Workers in Malawi." *Health Care for Women International* 2009;30:783-801.

*The Straits Times*. 2007 – 2010.

World Health Organization. International Migration, Health and Human Rights. 2003.

Wong, Theresa, and Yeoh, Brenda S.A. "Constructions of foreign labour migrants in a time of SARS." in Migration and Health in Asia. Eds. Santosh Jatrana, Mika Toyota, and Brenda S.A. Yeoh. New York, NY: Routledge, 2005. Pages: 61-78.

Yeoh, Brenda, and Annadhurai, Kavitha. "Civil Society Action and the Creation of 'Transformative' Spaces for Migrant Domestic Workers in Singapore." *Women's Studies*, 2008;37:548-569.

Yeoh, Brenda, Huang, Shirlena, and Devasahayam, Theresa. "Diasporic Subjects in the Nation: Foreign Domestic Workers, the Reach of Law and Civil Society in Singapore." *Asian Studies Review* 2004;28:7-23.