

Healthserve provides basic medical services to migrant workers. These services could include primary care, consultations on common illnesses, vaccinations, and, if required, referrals to specialists. The most prevalent diseases which migrant workers experience include upper respiratory tract infections, hypertension, regular health maintenance, arthritis, diabetes, depression, and other common ailments, according to the Rural Health Information Hub (n.d.).

Healthserve offers subsidised dental services such as check-ups, cleanings, and basic dental treatments to low-wage migrant workers with inadequate health assistance (Medical & Dental Services, 2023). With rising demand for dental services, Healthserve has added a second dental chair to reduce the waitlist for migrant workers which can go as long as five months. As a result, with lesser waiting time, migrant workers will have faster and increased access to dental care services.

In terms of mental health services, HealthServe began offering comprehensive mental health treatments in 2019 that included prevention, screening, and multi-modality therapy (Rajaraman et al., 2020). The goal of this programme is to address the significant frequency of mental health problems and unfavourable health outcomes that low-wage migrant workers encounter (Farwin et al., 2023).

Firstly, migrant workers face challenges in seeking healthcare services due to frequent relocation and general inaccessibility of healthcare. As a result, they may be less likely to have routine annual checkups and basic preventive treatment, which increases their chance of developing illnesses that may be avoided. The constant relocation also makes it hard for them to maintain continuity of treatment, which is essential for treating illnesses like HIV, cancer, and diabetes that need close monitoring.

Secondly, even when healthcare services are available, the cost can be a significant barrier for migrant workers who typically earn lower wages and have limited financial resources. Although it is compulsory for managers to provide for medical insurance and care, HealthServe frequently encounters migrant workers who pay using their own wallet due to hesitation to approach their employers who frequently deny that they are responsible for them (Ang et al. 2017).

Thirdly, most of the migrant workers in Singapore are from underprivileged socioeconomic and low educational backgrounds. Learning the ways around Singapore's healthcare system can be extremely difficult because of the language barriers and cultural hurdles with healthcare professionals (Ang et al. 2017). When migrant workers go for their scheduled treatment, HealthServe regularly hears about how they struggle to grasp and understand the diagnosis, the treatment they received, and the follow-up procedures. Therefore, migrant workers have difficulty communicating and understanding healthcare providers due to lack of fluency in the local language. This language barrier can hinder effective diagnosis and treatment.

Furthermore, migrant workers have relatively low incomes despite high healthcare costs in Singapore. For instance, the total average cost of an appendectomy is about SGD 6350 (Ministry of Health, 2020), whereas the typical charge for a normal medical appointment is around SGD 40 (Tay et al., 2017). In 2016, migrant workers received an average basic pay of SGD 726 per month (Au 2016, 26). Additionally, migrant workers pay substantially more for healthcare in Singapore than do Singaporeans. Subsidies for migrant workers' access to healthcare at public facilities were discontinued recently. Therefore, high healthcare costs in Singapore will reduce the likelihood of migrant workers seeking medical attention when they are feeling unwell. Additionally, some migrant workers may have uncertain or undocumented legal status, which can make them reluctant to seek healthcare services as they are afraid of being deported or facing legal consequences by their employers. Fear of termination and repatriation is a common concern due to the work permit system's restrictions on employee movement between businesses and its need that workers maintain their employment with the firms that are sponsoring their stay in Singapore. According to Harrigan et al. (2017), 10% of migrant workers claim that their employers have personally threatened to have them "sent home."

In addition, migrant workers in Singapore sometimes start their working contracts in debt after paying significant upfront recruiting charges that are generally equal to one year's worth of gross wages. According to Fillinger et al. (2017), Bangladeshi employees spend from SGD 5,000 to 15,000 in recruitment charges for jobs that pay from SGD 400 to SGD 800 per month. According to Platt et al. (2017), maintaining

employment becomes especially crucial for migrant workers when their pay is too low to pay for healthcare services. As a result, migrant workers encounter obstacles and disincentives when trying to access, get, and pay for healthcare due to inaccessibility of healthcare services, high medical fees, language barriers and restrictions on access to healthcare services

Therefore, empowering organisations like Healthserve with chatbots and other awareness-raising initiatives can help address some barriers that migrant workers face. Chatbots can be structured to provide education and information about Singapore's healthcare system, establishing migrant and community health centres, and extending social protection in health. This can enhance access to needed healthcare services and also provide additional support to migrant workers and volunteers willing to assist them.

Singapore, like other nations, is part of the global community. It has a role in addressing the root causes of migration and providing support to those who leave their homes in search of better opportunities or due to challenges in their home countries. We all can agree that migrant workers play a significant role in the Singapore economy as they fill labour gaps in various industries which many locals are not willing to do, including construction, healthcare, and hospitality. Therefore, there is a need to ensure their well-being as it will help support a stable and productive workforce, benefiting the country's economy. It contributes to a more inclusive, just, and prosperous society for all residents, whether they are citizens, permanent residents, or temporary migrant workers.

References

- Ang, J. W., Chia, C., Koh, C. J., Chua, B. W. B., Narayanaswamy, S., Wijaya, L., Chan, L. G., Goh, W. L., & Vasoo, S. (2017, March 9). *Healthcare-seeking behaviour, barriers and mental health of non-domestic migrant workers in Singapore*. BMJ global health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5435267/>
- Au, Alex. 2016. Work History Survey. Singapore: Transient Workers Count Too. http://twc2.org.sg/wp-content/uploads/2016/12/work_history_survey_v3.pdf.
- Farwin, A., Low, A., Howard, N., & Yi, H. (2023, July 8). "My young life, finished already?": A qualitative study of embedded social stressors and their effects on mental health of low-wage male migrant workers in Singapore. Globalisation and health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10329802/>
- Fillinger, Tamera, Harrigan, N., Chok, S., Amirrudin A., Meyer, P., Rajah, M., & Fordyce, D. (2017). Labour protection for the vulnerable: An evaluation of the salary and injury claims system for migrant workers in Singapore. http://twc2.org.sg/wp-content/uploads/2017/06/labour_protection_for_the_vulnerable.pdf.
- Harrigan, N. M., Koh, C. Y., & Amirrudin, A. (2016, November 21). *Threat of deportation as proximal social determinant of mental health amongst Migrant Workers - Journal of Immigrant and Minority Health*. SpringerLink. <https://link.springer.com/article/10.1007/s10903-016-0532-x>
- Medical & Dental Services. HealthServe. (2023, August 31). <https://www.healthserve.org.sg/medical-dental-services/>
- Ministry of Health. 2020. Fee benchmarks and bill amount information lower abdomen, removal of appendix (simple) <https://www.moh.gov.sg/cost-financing/fee-benchmarks-and-bill-amount-information/Details/SF849A%2D%2D1>.
- Platt, M., Baey, G., Yeoh, B., Choon, Y.K. & Lam, T. (2017). Debt, precarity and gender: male and female temporary labour migrants in Singapore, Journal of Ethnic and Migration Studies, 43:1, 119-136, <https://doi.org/10.1080/1369183X.2016.1218756>
- Rajaraman, N., Yip, T.-W., Kuan, B. Y. H., & Lim, J. F. Y. (2020, August 3). *Exclusion of migrant workers from national UHC systems-perspectives from HealthServe, a non-profit organisation in Singapore*. Asian bioethics review. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7396727/>
- Rural Migrant Health Overview - Rural Health Information Hub. Overview - Rural Health Information Hub. (n.d.). <https://www.ruralhealthinfo.org/topics/migrant-health>
- Tay, Swee, K. A. E., Kay, W. C., & Choon, G. (2017). Singapore GP fee survey 2013: a comparison with past surveys. Singapore Family Physician 43 (1): 42–51. https://www.cfps.org.sg/publications/the-singapore-family-physician/article/1084_pdf.