Stretched at Work, Stretched at Home, Thinking Twice Before Seeing Doctor: Healthcare Capacities of Lengkok Bahru Residents

October 2021

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Beyond Social Services started out as the Bukit Ho Swee Community Service Project more than 50 years ago. It has grown and morphed significantly since and is currently a community development agency dedicated to helping children and youths from less privileged backgrounds break away from the poverty cycle. BSS adopts an asset-based community development approach to its work with low-income communities, and seeks to provide support and resources that enable families and communities to care for themselves and each other. The organization's current reach extends to 64 rental housing blocks spread out over 14 neighbourhoods, involving 3,029 families and a total of 11,710 persons.

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Acknowledgements

Thank you residents, healthcare practitioners, and stakeholders for your honest sharing and candid views during the interviews and discussion sessions. Your trust is greatly appreciated and not taken for granted. We hope that these findings and discussions lead to positive changes in the Lengkok Bahru (LB) community.

This study is brought to you by years of labour by many. The core team working on this health project included staff, interns and volunteers from both Beyond Social Services (BSS) and South Central Community Family Service Centre (SCCFSC). Abhishek Saraf, Denise Liu (SCCFSC), Marlina Yased, Shazia Wasiuzzaman, Palvindran (SCCFSC), Maizy Tan (BSS), Siti Nor Rohani Binte Zaini (BSS), Chia Jie Min (BSS) and Kokila Annamalai saw through most stages of this project—from seeking funding to research design, data collection, data analysis and activating local response. Thank you all for the expert guidance, insights and management of this project from start to finish. Thank you to Sarita Pillai who joined as an intern at BSS later in the project, but nonetheless contributed greatly to the organisation and accessibility of the big group discussion sessions and meetings.

The interviews were coordinated and conducted by a team of student volunteers from the NUS Chua Thian Poh Community Leadership Centre (CTPCLC) and community enablers who are residents of LB. Some of these students and residents along with volunteers recruited from other programmes also transcribed these interviews. Thank you all for doing the time-consuming and incredibly vital work of recruiting your neighbours, interviewing them, and then transcribing their voices into data points for analysis.

Data analysis involved first coming up with a codebook and then coding the many interview transcripts. Joining the core team to do this were Colin Gan, Mathia Lee and Pearlyn Neo. Thank you very much for all of your hard work!

Thank you to BSS's management and finance team Gerard Ee, Ranganayaki Thangavelu, Joyce Lim, Peggy Wong, and Ong Tjin Lie for your continuous and steady support throughout this project.

Last but not least, thank you very much to the Health Promotion Board for supporting this project and making all of this possible.

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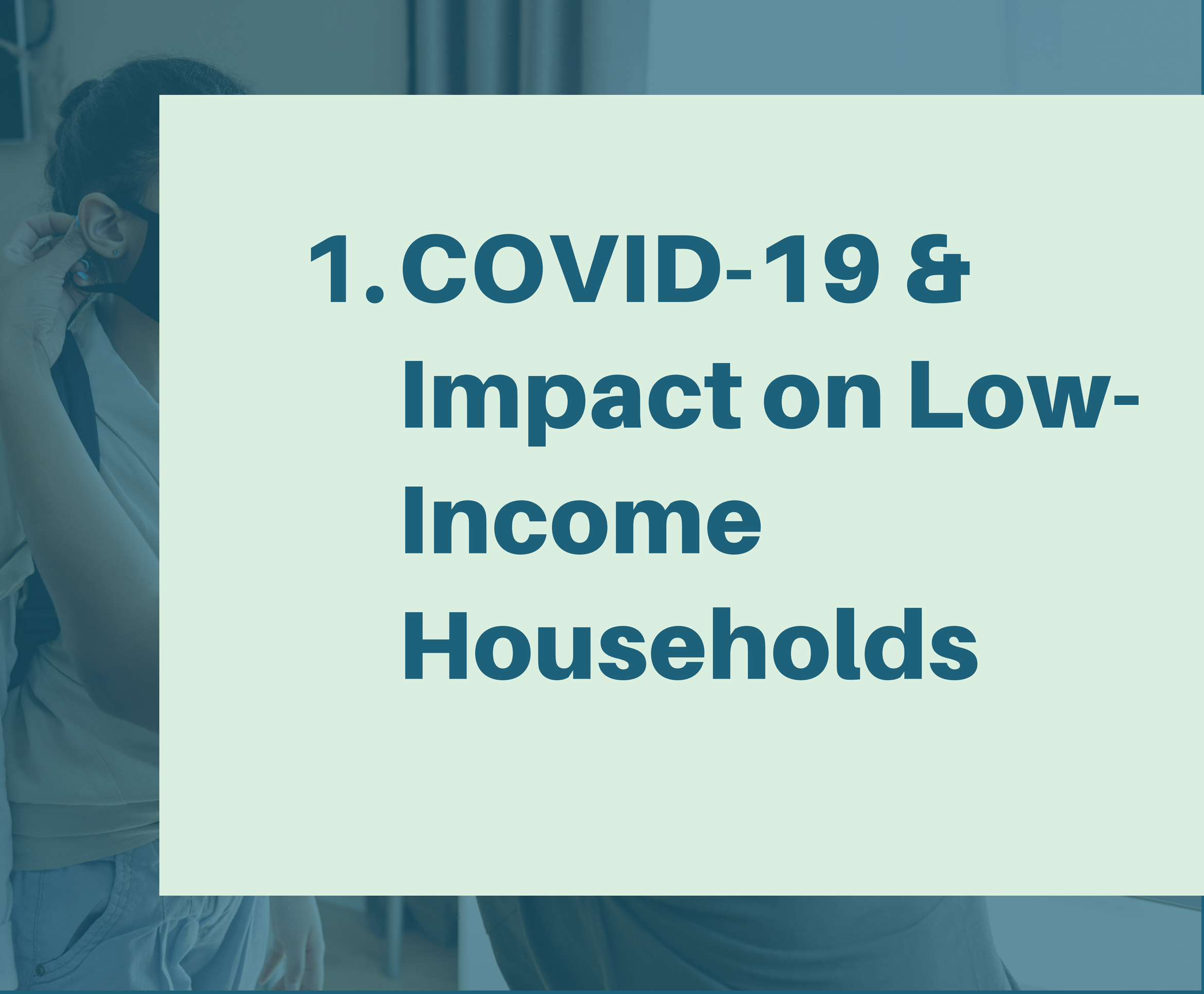

1. COVID-19 & Impact on Low-Income Households

1. COVID-19 & Impact on Low-Income Households

- Beyond's *Mind the Chasm* study, released in Feb 2021, analysed data collected during the pandemic (Apr–Sep 2020):
    - Out of 1,231 applicants of Beyond's COVID-19 Family Assistance Fund (mostly from rental housing)
        - Median household income from work fell by 69% (see Figure 1);
        - 35% of applicants saw their household income fall to $0;
        - Decreases in work income were higher for those with less income before Covid-19 (signalling deepening inequality).

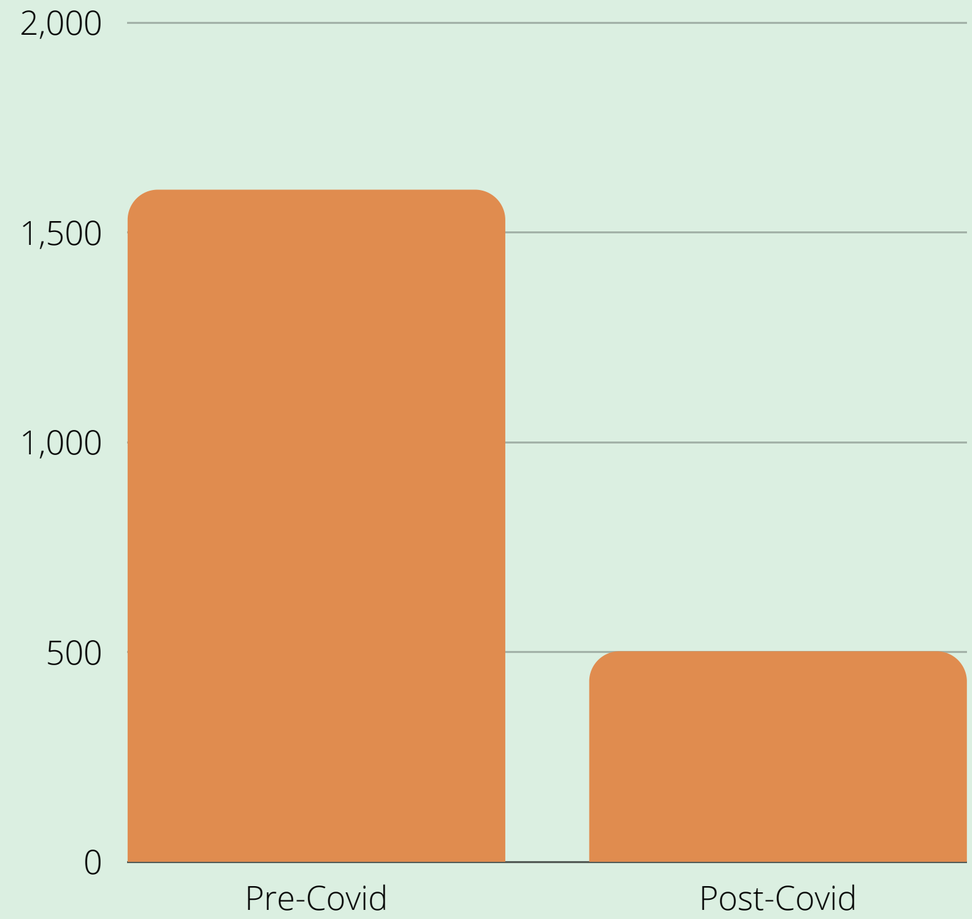

Figure 1: Drop in median household income due to COVID-19

2. About the Health Study

2. About the Health Study

- Lengkok Bahru (LB) comprises 6 blocks of public rental flats made up of mostly 2-room rental units;
- Some 3-room units in Blk 55 are part of an interim housing shelter managed by the Asian Women's Welfare Association (AWWA);
- On average, 36% of housing units in LB comprise households with children and youth;
- Public rental flat housing is often used as a proxy for measuring poverty in Singapore:
    - In general, to qualify for public rental housing, total household income **should not exceed $1,500 per month.**

2. About the Health Study

- Existing literature[2] and public data[3] show that health outcomes of individuals in Singapore are socially determined by and correlate with factors such as a person's income and education level;
- Lower-income households with residents of lower education levels are more likely to have poorer health outcomes;
- Many strategies to address the health of lower-income communities focus on promoting a healthier lifestyle: for e.g, instructions to adopt healthier diets, sticking to a consistent exercise regime, or reminders and advertisements to go for medical screenings or check-ups;

2. Kaur-Gill, Satveer, et al. "A Community-Based Heart Health Intervention: Culture-Centered Study of Low-Income Malays and Heart Health Practices." Frontiers in Communication, vol. 5, 2020, https://doi.org/10.3389/fcomm.2020.00016.
3. Kurohi, Rei. "Education, Income Correlate with S'poreans' Life Expectancy, Health." Straits Times, 18 Feb. 2021.

2. About the Health Study

- The semi-structured interviews allowed us to give residents space to ‘frame the problem’ from their perspective;
- Our interviews indicate that residents are generally aware of healthy lifestyles, but are limited in actualising them by their individual capacities.

Having sufficient rest, healthy diet(s), time for exercising, ensuring mental well-being, immunity from chronic illnesses and positive healthcare seeking behaviour were found to be limited by residents’ employment conditions, caregiving stresses, as well as access to and quality of the healthcare system.

2. About the Health Study

- Residents' lack of financial resources limits their access to healthcare;
- Non-Singaporeans are further limited from accessing healthcare due to high healthcare costs (they are excluded from subsidised healthcare);
- The lack of financial resources adds to caregiver strain, which, akin to certain workplace terms and conditions, also leads to worsening health outcomes;
- The main determinants identified in this study are interrelated;
- Our study reinforces existing literature and data, i.e. there is a strong correlation between health income:

2. About the Health Study

- These findings have been used to generate community conversations in Lengkok Bahru, with the aim of organising an action group to implement a community intervention of the residents' choice;
- The intervention will aim to address some of these issues about individual healthcare capacities;

In other words, how can residents come together so that they are less stretched at work and at home, and/or be more capable of seeking professional health services when required?

3. Methodology & Demographic Information

3. Methodology

- In-depth semi-structured interviews were conducted with 50 residents from unique households in Lengkok Bahru, as well as several medical practitioners;
- The 50 residents were recruited via snowball sampling, by community workers and residents;
- Interviewees were mostly heads of households with children or youth (usually the primary caregiver, mostly women);
- Interviews were conducted by a team of members, volunteers, undergraduates, and community workers after a training workshop on conducting interviews;
- A codebook was conceptualised and used to analyse all transcripts of interviews by a smaller team of staff, volunteers and interns using Dedoose, an online data analysis platform.

3. Demographic information

- 50% (25) of respondents identified as Malay, 30% Chinese, 12% Indian, and 8% Others;
- 70% (35) of respondents identified as female, 30% as male;
- 30% (15) of respondents were from transnational households (households with at least one non-Singapore citizen resident);
- 58% of respondents were from households with 3-5 residents living together;
- 64% of respondents were from households with a child between 7-18 years of age;
- 50% of respondents had lived in Lengkok Bahru for more than 10 years;

3. Demographic information

- 56% of respondents were 31-50 years old;
- 58% of respondents were employed while 42% were unemployed at the time of the interview;
- 42% of respondents reported having chronic health conditions at the time of the interview;
- 10% (5) of respondents had children with special needs.

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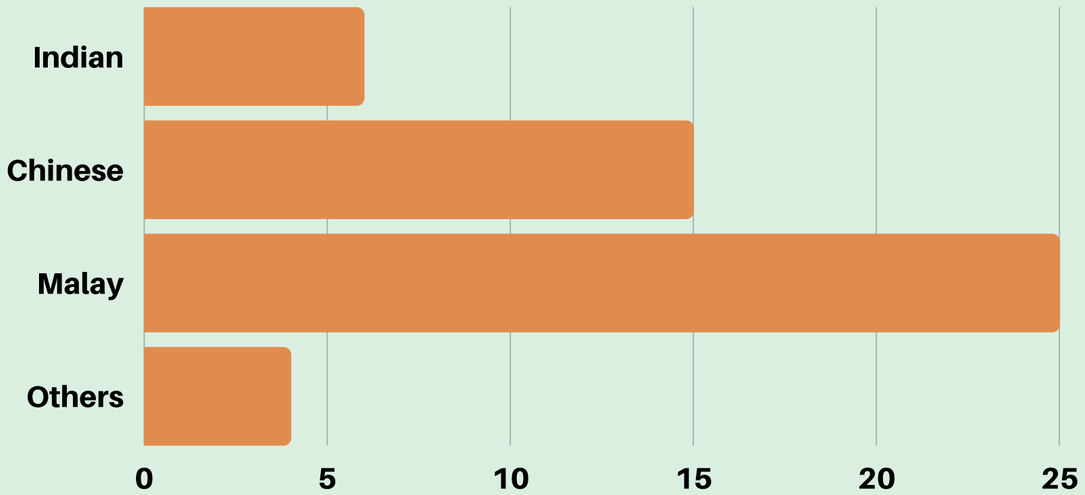

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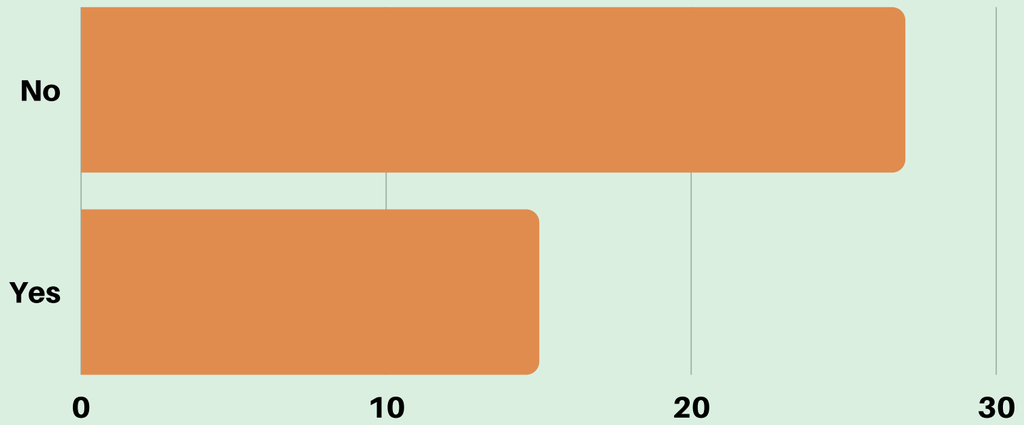

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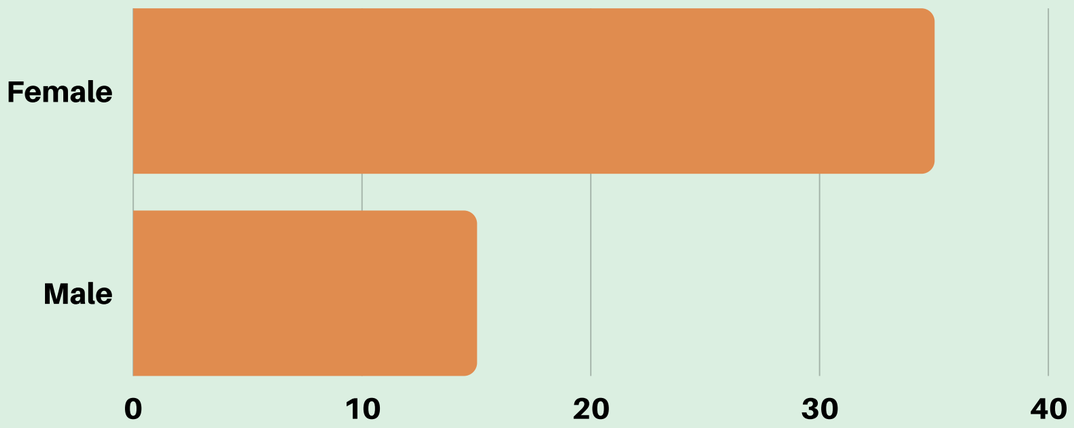

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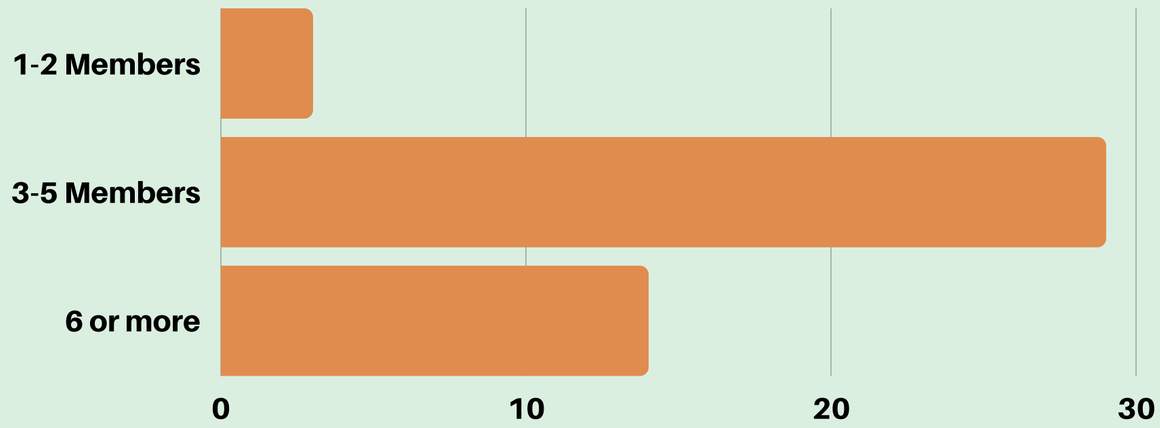

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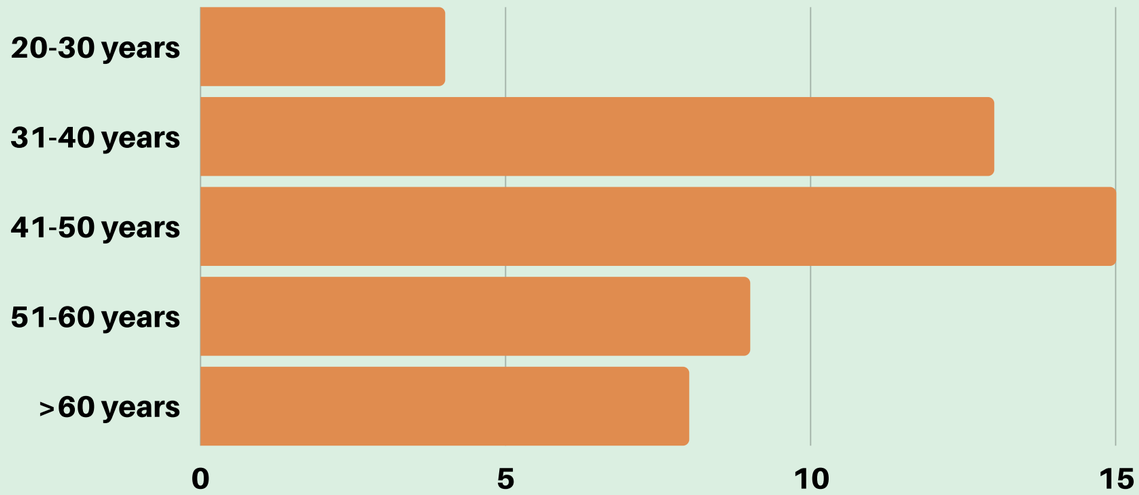

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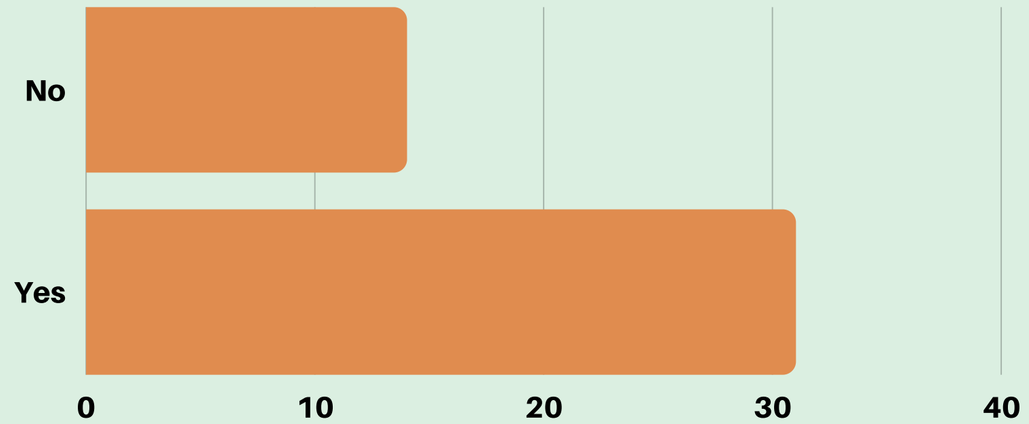

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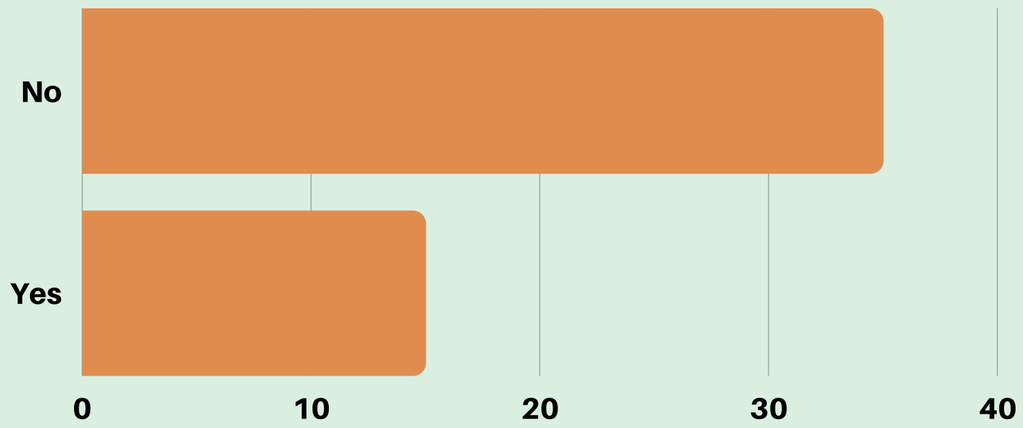

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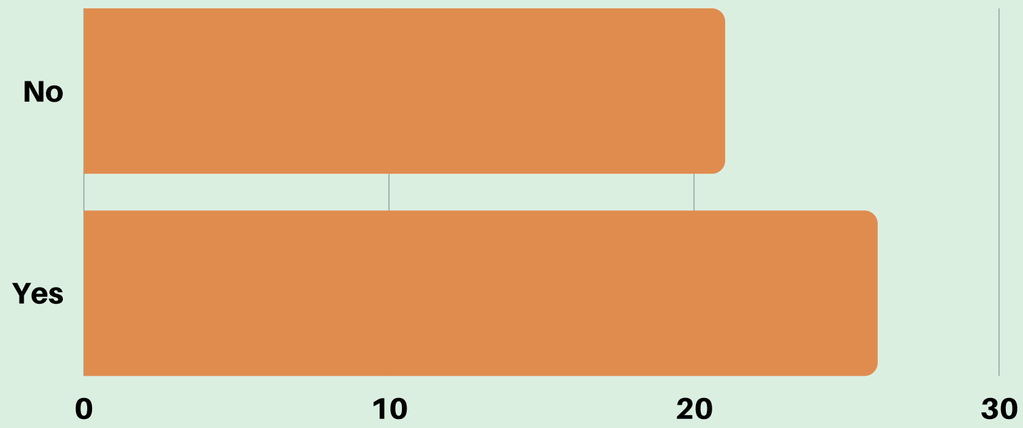

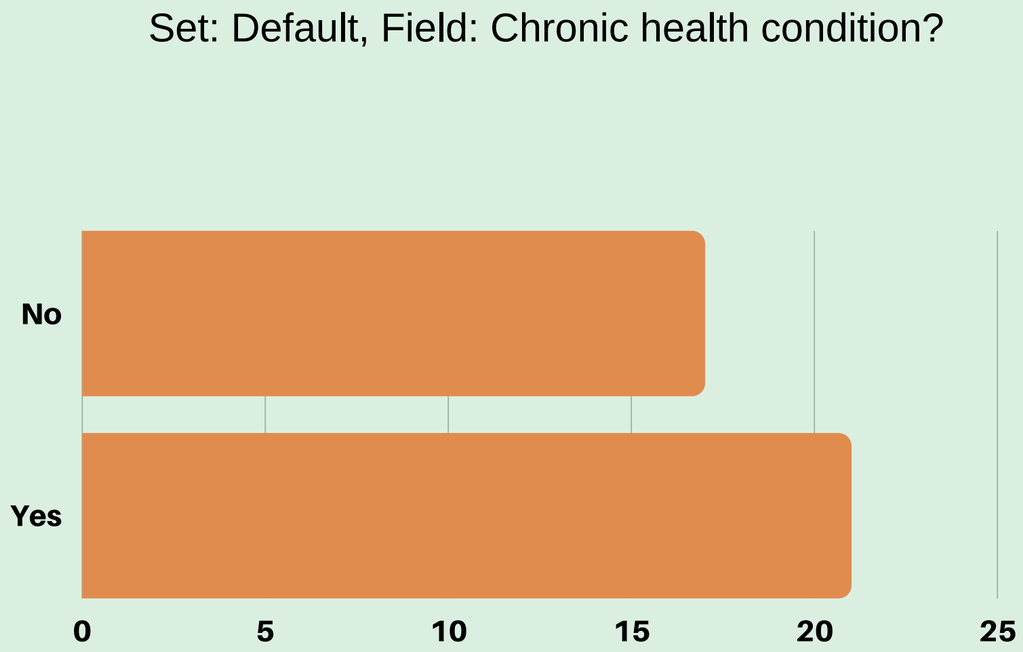
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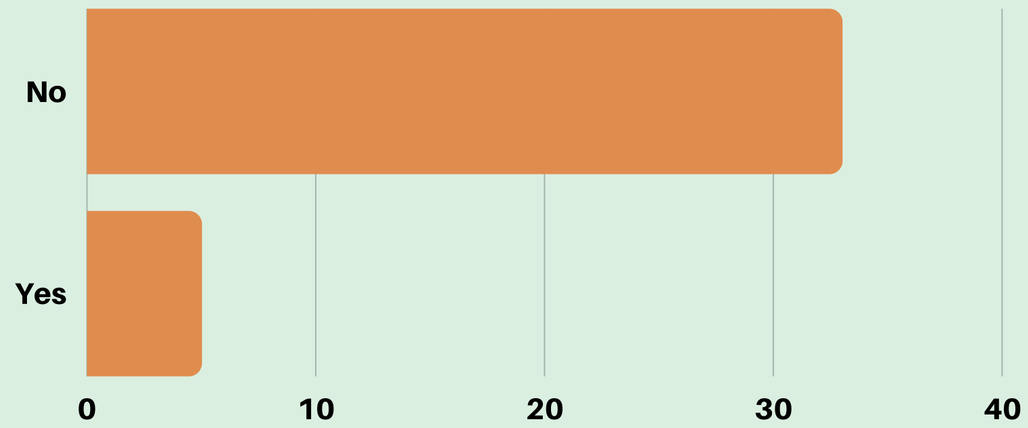
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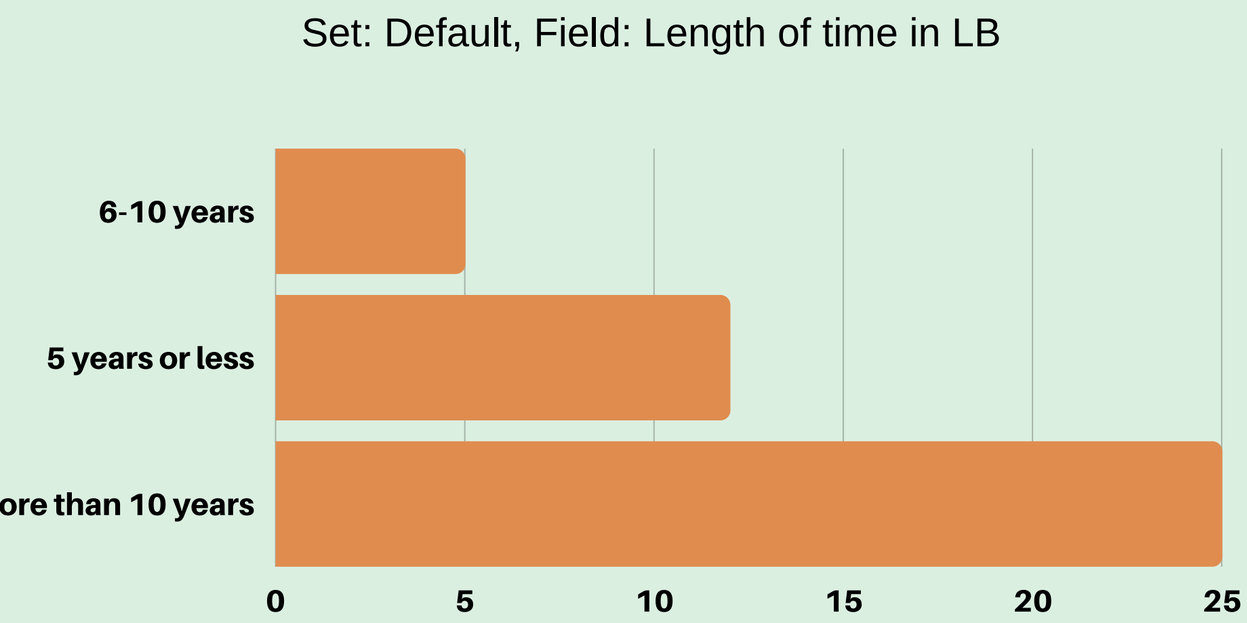
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6-10 years
5 years or less
ore than 10 years
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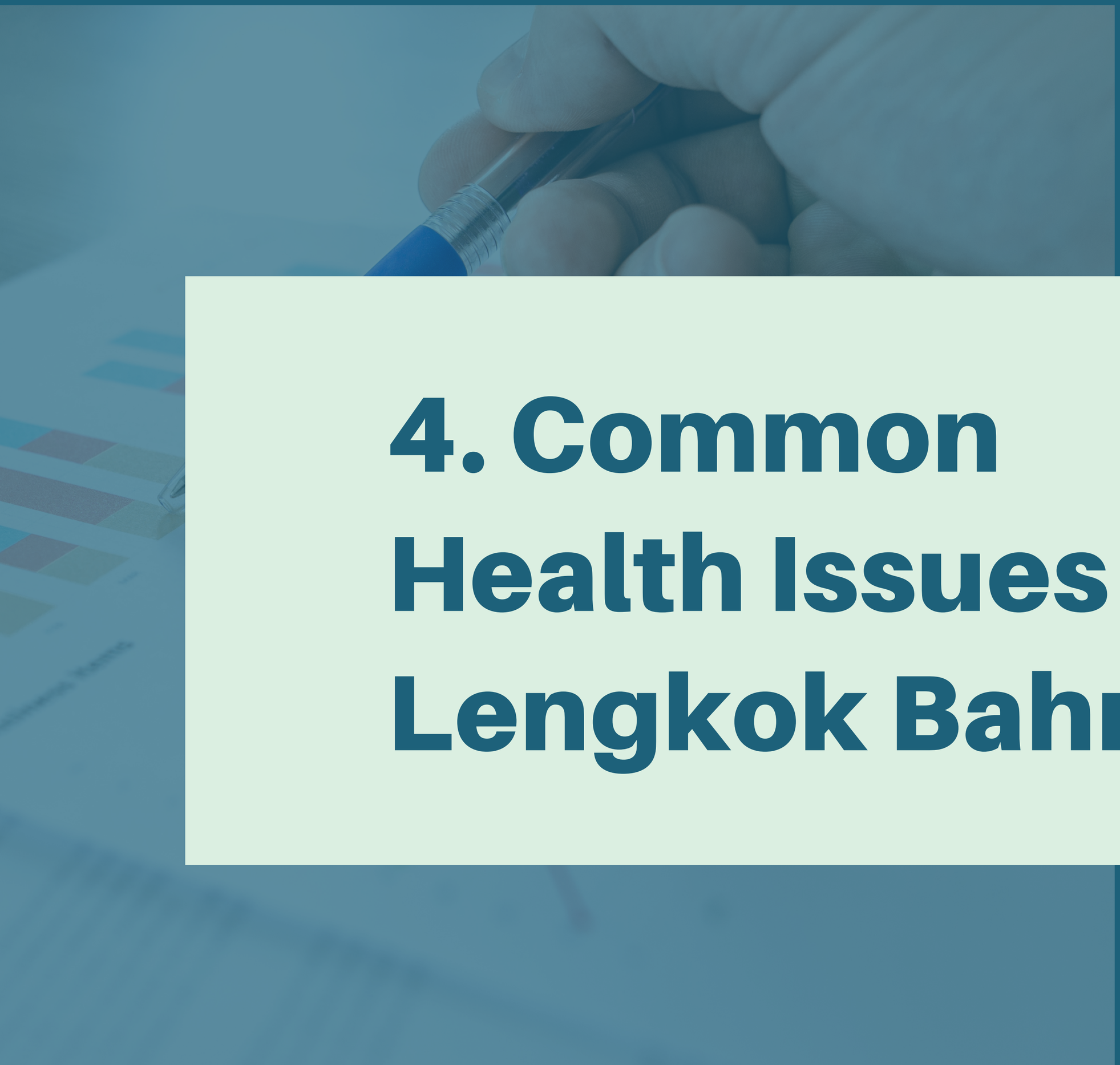


4. Common Health Issues in Lengkok Bahru

4a. Common health challenges

Q: But in general, the people living in your neighbourhood, do you think they are healthy or not so healthy?

A: 50-50, I think they have some kind of ailments, most of them I know they have some kind of sickness. In general I can say 40%-60% do have some kind of medical conditions. (P34)

4a. Chronic conditions

- ***42% of respondents*** *reported having chronic health conditions at the time of the interview*

Most common: Diabetes, hypertension, asthma, heart illnesses (including stroke)

Moderate: Thyroid/goitre, eczema, migraine, high cholesterol

Others: vision impairment (cataract, Graves disease), insomnia

4b. Food Insecurity

> Food security: when *all* people, at *all* times, have access to adequate, safe and nutritious foods, acquired in socially acceptable ways.

Beyond recently launched a report on food insecurity in a rental neighourhood. The findings in the next two slides are from that report. However, these findings strongly reinforce what residents from LB told us when we interviewed them for this study.

Link to Beyond's food insecurity report: bit.ly/foodinsecure2021

Residents shared that they would:

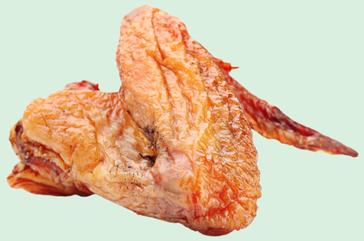
Skip meals (1-2 meals a day)

"**We let go of all the bills first. Then, if we have enough money, we will go to the market … to get foo**d. … I will cook bit by bit…. that's why we cook one meal only."

Eat less so children will have enough

"Sometimes I cook and there is a little bit, then I **give my kids first, then my eldest, then if got biscuit or what, we just eat** *lah*. We make sure our kids are full first, everything our kids come first. We give them eat properly … **when they are not hungry, then we think about us.**"

Budget carefully



"We need to **stretch whatever I have**. … I have to really **budget in a way that one person can only take one chicken wing**, so that you all can eat one. I mean, it's **better to have one chicken wing than no chicken wing to eat**."

Eat cheaper, less nutritious food to fill stomach

"There's no way of us eating healthy meal. … let's say we don't eat rice, we don't eat starch, **how we gonna keep ourselves full** … for the long period. The main thing for us is to actually **get starch so that we can actually keep ourselves full and then we eat lesser meals**."

Compromises & Trade-offs: Financial Constraints, Food & Health

I just open my fridge, see what I have, and then cook. **I don’t have time to think about nutrition all that because I am not from a rich family.**

Healthy meal for me quite **expensive**. If I don’t have any money, we always eat egg. I know it’s not healthy. **But we have no choice. Whatever we can eat, for survival, we just eat.**

Oh, this. I don’t even think about this! I am more worried about the few months of housing debts I owe. **Where got the capacity to think of this?** I am already **occupied and stressed up about the rent … will I still want to worry about [this]?**

Food Insecurity

- Food insecurity is a serious public health issue and is linked to increased mental stress and the development of chronic health conditions;

- Parents with limited budgets grappled with guilt and resignation: despite knowing what is healthy and wanting to feed their family healthier foods, they were limited by financial resources and time constraints;

- Public health campaigns that focus heavily on increasing awareness about nutrition to encourage ‘healthy choices’ obscure the economic realities faced by many low-income families, in which **competing financial priorities and a limited budget often shrink available food choices to what is affordable and available, despite an awareness of what is healthy and ‘good**’;

- Such campaigns will be inadequate to overcome the negative impacts of poverty on nutrition.

4c. Sleep deprivation

Many residents sleep less than 6 hours per day

Excessive caregiving responsibilities

""I fall ill frequently ... to add on I have a baby and I am deprived of sleep**. I am always tired. I do not have any motivation to keep fit due to my daily routine that tires me out all the time.**" (P47)"

Shift work

"[My] 2-year-old daughter gets up at night every now and then, so difficult to sleep ... kid will be very hyper in the day, so **it's difficult to sleep in the day when there's night shift**". (P31)

Long working hours

"Because they know I'm the sole breadwinner, they know how hard I work. That time I came back in the morning I did not sleep until I sent my kid to school. ... Everyday I sleep 3 hours. **Everyday I work 12 hours, 5 days at that time. So everyday I only slept 3 hours.**"(P38)

Medical conditions like insomnia

"I got insomnia problem ... **one day I can sleep 2 hours only. If I work I also come back I will sleep 2 hours only** then I will wake up automatically ... **My brain is very tired but can't fall asleep**". (P29)

Psychological Stress

"Having trouble sleeping at night lah because there is **so many things on your mind you are thinking about this and that.**" (P32)

Sleep deprivation

Sleep deprivation was a very common theme among members. These are the main insights from residents' responses:

1. It is especially difficult for night shift workers to get enough sleep;
2. Some sleep deprivation was linked to excessive caregiving responsibilities and exploitative employment conditions;
3. Some sleep deprivation was linked to daily stresses, suggesting psychological stress ("too much on my mind");
4. At least one resident said his sleep deprivation is caused by insomnia, but the cause of the insomnia is not clear.

4d. Mental Health

Mostly described as stress, here are some common themes:

“Over-thinking” of material problems, many resort to suppressing their thoughts

“It's just that I've been told by the doctor not to overwork or overstress that's all. Because **I've been thinking too much**. Doing housework non-stop. That’s why the doctor say I need to cool down once in a while.” (P30)

Attributed to additional (potential) chronic illnesses, caregiving, and financial difficulties

“**Of course I felt stressed, Why would I not?** The burden on me is immense. **Sometimes I think, I am already 50 years old. I think of going for a health check up. But I can’t, because I need to spend so much money**. It is not that I don’t want to go, it’s because I have no choice. What if the doctors tell me I have a sickness? **We will have one more burden. I don’t have money to visit a doctor too**.” (P5)

Caregiving and financial difficulties are also reasons why members refrain from seeking professional support for mental healthcare

“Actually I am **suffering with depression**, and I am taking anti-depressant for that but then sometimes **I will just neglect my medication and neglect to see my psychiatrist and therapist because I am already so busy with 3 kids and … I don’t find the time to see my psychiatrist or therapist**. … I am busy with my family and sometimes I just don’t want to talk about it, you get it? So, I am running away from my emotional health.” (P28)

4d. Mental Health

Mental health issues were very common, often described as “**stress**”. Where members were specific, depression was the most commonly cited mental health condition. Some observations:

1. Stress is described as being caused by “thinking too much”, therefore leading to members to cope by suppressing their thoughts, e.g. “everybody has stress. So I just don’t really think about things”/ “I cope by living day by day, not thinking of these troubles”;
    a. Some coping activities mentioned included exercise or playing board games and engaging in social activities;

2. Stress was attributed to chronic illnesses, caregiving, and financial difficulties. Specifically, stressed and depressed members often describe such situations as “overwhelming”;

3. Caregiving and financial difficulties are also reasons why members refrain from seeking professional support for mental healthcare.

4e. Seeking Professional Health Services as a Last Resort

Self-remedies highly common

"I: So did you see a doctor when you have like flu or cough?
R: Like I just said ...
Home treat lah." (P22)

Public healthcare services (polyclinics, gov hospitals) most frequented healthcare service due to relative affordability

"We go to polyclinic for fever, cold, and minor illnesses. For the polyclinic, there is one near Enabling Village, we can use the membership card scheme and we **pay only 5 dollars** for basic illness." (P26)

Clinic and hospital care are sought for some health issues but not others

"**I've done [slip disc exercises] for about a week ... probably that's the reason why [the hospital] asks me to come down weekly for physiotherapy**, so that they can give me a new set of exercises to reduce pain. I feel like **this method does not have any effect anymore.**" (P6)

Dental care and eye care not utilised much despite willingness to do so (pre-Enabling Village Dental Clinic)

"Dentist is a problem because we have to go to Queenstown, **must take bus, make appointment**. It's inconvenient. **Eyecare is expensive.** But for now my children are all not wearing spectacles. If I need to purchase spectacles, I'd just make my way down to the neighbourhood spectacle shop." (P26)

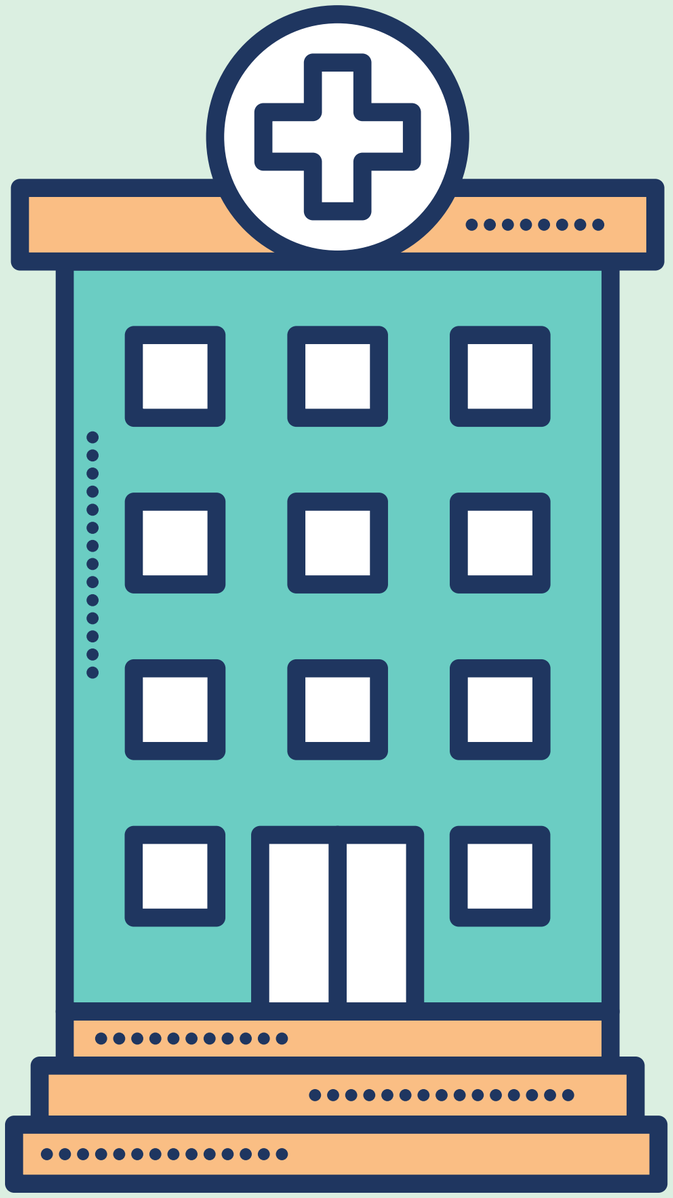
4e. Seeking professional health services as a last resort

1. Self-treatment highly common, going to doctors (clinic or hospital) often a last resort;

2. When seeking healthcare, public healthcare services (polyclinics, gov hospitals) are most frequented due to it being more affordable than other options (e.g. private healthcare);

3. Clinic and hospital care are sought for some health issues but not others (e.g. physiotherapy);

4. Dental care and eye care not utilised much despite demand for such services.



But **WHY** are so many residents ...

1. So sleep deprived?
2. So emotionally stressed?
3. Subject to many chronic illnesses?
4. So food insecure?
5. Resorting to self-remedies and treating accessing public healthcare only as a last resort?

5. Main Factors Influencing Common Health Issues

5a. Accessibility of healthcare services

‘Thinking Twice Before Seeing Doctor’: What Respondents Shared About Accessibility of Healthcare Services

1. While public healthcare is subsidised, the remaining out-of-pocket expenditure remains unaffordable for many;
2. Some necessary treatment/medicine remain completely unsubsidised;
3. CHAS scheme is helpful in reducing the cost of seeing a GP, but remaining costs can still be significant. Some residents share that some non-CHAS clinics are more affordable;
4. While generally affordable and accessible, some residents said they were not able to access subsidised medicine for children below 6 years of age at the subsidized Mount Alvernia Outreach Medical Clinic @ Enabling Village (EV);
5. While subsidies are available for select health checks, comprehensive health check-ups or screenings are unsubsidised and considered costly but useful to members;
6. Medical expenses for non-citizens is unsubsidised and therefore even more costly (one mother said, “as a foreign wife, I cannot afford to fall sick”).

‘Thinking Twice Before Seeing Doctor’: What Respondents Shared About Accessibility of Healthcare Services

Subsidies (or lack thereof)

a. **Dental**

- i.One interviewee plucked out all her teeth because her teeth were painful and dentures (of which she paid half for) did not help. She’s now resigned to consuming only soft food. Interviewee implied she plucked out all her teeth instead of getting new dentures because of the high cost. (P8)
- Suggestion from residents for more accessible subsidised dental clinic*

b. **Back/spine therapy/physiotherapy:** some residents reluctant to return due to costs (including time and commute) and a perception it is not effective;

c. **Eyecare**

- “Yes, for now, actually I have to get a long- and short-sighted glasses. But I can only afford the short sighted one first.” (P6)
- “If there could be some subsidies for getting spectacles. For the children, they get checked in primary school but then the school will give prescriptions, and vouchers for us to follow up at the optician’s store. For adults, we don’t really receive help and I have to save up before I can buy my spectacles.” (P26)

*Update: New Mount Alvernia Outreach Dental Clinic at Enabling Village offers subsidised dental care

5a. Accessibility of healthcare services

Subsidies (or lack thereof)

c. Community Health Assist Scheme (CHAS), Merdeka & Pioneer Generation

- Enables all Singapore Citizens, including Pioneer Generation (PG) and Merdeka Generation (MG) cardholders, to receive tiered subsidies for medical and/or dental care at participating General Practitioner (GP) and dental clinics.

"I: Okay, and do you have any challenges accessing any of these services? Any healthcare service?
R: No, I don't have any challenges because I am on blue CHAS card." (P6)

"R**: I have CHAS card, but I still prefer to go to my sister's clinic ah because it's cheaper. Plus since my sister is working there, there is more discount so we go there. … but can say I seldom fall sick lah." (P6)**

d. Medifund, on a case-by-case basis and only for Singaporeans.

5a. Accessibility of healthcare services

Case Study: Respondent Whose Healthcare Needs are Mostly Protected

"We have a local GP here, which I don't need to pay. ... I think that clinic specified for Lengkok Bahru resident whereby for those low income, **when we visit them for basic medical like flu, fever, cough or running nose, that one we don't need to pay anything**. ... In fact **even if other medical condition also, when we visit that clinic, we don't have to pay anything.** If let's say there's any need to go to the A&E then we will just go to the A&E. From there we will just follow up with the hospital **but I don't worry too much about the hospital outpatient charges or whatsoever because I have my own MSW [medical social worker] in the hospital plus I also have the SSO assistance**. Yeah, so I don't worry too much. The **only thing that sometimes makes me worried because when we need to go for appointment, I need to have that, how to say ... transport money with me and sometimes when I don't have that transport money with me, I have to reschedule, that's all." (P30)**

- In this case, stress is mitigated due to some stability in healthcare protections: the resident has access to a relatively free-of-charge clinic and a dedicated medical social worker to navigate the social welfare system in case of hospitalisation; the resident also has Social Service Office assistance;

- Nonetheless, limited finances meant sometimes lacking the transport money required, resulting in the rescheduling of medical appointments. In fact, transport costs was something raised by other interviewees.

5b. Quality of professional health service

Case Study: Jess*, Who Had to "Fight with Doctors" to Get the Healthcare her Children Needed

Jess is a single mother in her 50s. Her daughter has epilepsy while her son has abscess and cysts forming in his skin frequently. As the children's only caregiver, she has had many experiences with government hospitals. Jess herself suffers from diabetes and hypertension.

- Her son has undergone almost 10 surgeries. Jess says the doctor has "given up treating his condition";
- Son used to have asthma till the age of 15;
- Daughter had brain surgery at age of 9;
- Daughter urinates when she gets epilepsy, after which Jess has to change her clothes;
- Jess feels the need to monitor her daughter continuously, "like CCTV camera";
- Jess has to prepare specific food to suit the health needs of her children;
- While health expenses in public hospitals are generally covered by the state, certain medical supplies remain unsubsidised; daily grocery expenses add to the strain;
- Caregiving duties leave her very little time for sleep and self-care;
- Jess shared negative experiences with public hospital care (see next slide):

Case Study: Jess

Experience 1: “Fighting doctors” for epilepsy medication at KK Hospital

1. Daughter was admitted to KKH when she was 9 years old;
2. Prescribed 4 types of medications, one of which was nitrazepam;
3. Visited KKH when daughter was 18;
4. Doctor said no stock for nitrazepam;
5. Jess told doctor daughter won’t be able to stand up without nitrazepam and condition will worsen;
6. Doctor said cannot give now;
7. Jess demanded for the doctors to gather and threatened a lawsuit if she did not get the medication;
8. Within 2 hours, Jess received the nitrazepam.

Case Study: Jess

Experience 2: “Doctor unavailable today” in A&E

1. Daughter had epilepsy and was admitted to hospital;
2. Started to vomit while having fits;
3. No nurse to administer medication;
4. Told that doctor was not available on that day.

Experience 3: Under-treatment

1. After son’s surgery, he could not stand and was crying upon discharge;
2. Doctor did not prescribe painkillers;
3. Jess had to demand the doctor give him painkillers before being discharged.

"My son had a surgery and was suffering from a lot of pain. He could not stand and was crying. I **had to demand the doctor to give him painkillers before discharging him.** These have been my struggles. … I have to manage house issues, financial issues and now doctor issues as well. Sometimes, I even have to fight with doctors.”

5c. Employment

‘Stretched at Work’: Employment

- There is a cyclical relationship between **employment and health**;
- Employment conditions (wages, working hours, work environment) affect workers’ health, which in turn affects workers ability to work and remain employable;
- Because medical expenses generally require some out-of-pocket expenditure and healthier lifestyles require more time, energy, and financial capacity, factors affecting employment also limit the worker’s access to the healthcare system and adopting a healthier lifestyle;
- This cyclical relationship is more acute for non-citizens (and families with a mix of Singaporeans and foreigners) who are excluded from most subsidised healthcare.

Employment

Nature of job causing health concerns

"**Because last time I can work tough job.** I can carry two packet [weighing]10 kg rice you know. **But now, I want to carry this 5 kg packet of rice … I feel my hand pain already**. Now if I do a lot of jobs, you know in the weather? **No fan, no aircon. I feel hot. I feel like fainting already**." (P46), production operator

Health challenges worsening employment conditions or employability

"He doesn't go [to work] continuously because **if he goes continuously, he will have very back pain then the following week he cannot go to work**. So we are choosing, like if he goes on Monday, then he goes on Wednesday, then Friday or Tuesday … like that, alternate days." (P35), security guard

Long working hours straining physical limitations of workers

"**We did 12 hours of heavy labour per day, 6 days a week … We did overtime approximately 100 hours**. Therefore, the overtime had exceeded based on MOM regulation. That is where lies the problem but for us as an employee, **we work for money and overwhelmed with focusing on earthly matters.**" (P1), production technician

Insufficient and/or irregular meal breaks affecting worker's diet and therefore health

"Because **when we doing the production, is not always that we can eat, so we just take the junk food lah** … like most of my coffee shop there, people also … like me, **not having a good lunch, not having a good dinner … sometimes the cook also not even have their own time to eat.**" (P45), F&B worker

Employment

Unsafe/hazardous working environment

"**The company I work with previously dealt with plastics and it's not a healthy environment**. They **do not emphasize on keeping up on the company's SOP,** therefore many times [they do not] abide to the safety matters. … **all that don't matter as long the work is done within stipulated given time**." (P1), production technician

Employers punishing workers for taking medical leave (MC)

"**We are afraid to be laid off.** We don't know if the company will fire us…**So we try not to take off, even when we're sick we try not to see the doctor**. Because MC will be long. Many people think like this. That day someone still came to work even when he was sick. So I asked him why didn't see doctor, he say MC sure 3-5 days. 3-5 days, how will the company look at you? **Because you have MC, they won't really say much but they will mark you. If you take MC again you can be prepared to be fired**. … Those in the kitchen are mostly Malaysian. Then they are scared of being fired. Once they're fired they're dead. They can't remain in Singapore and when they return to Malaysia life also hard. That's why their thinking is different." (P40), F&B kitchen staff

Under/unpaid workers make it difficult to afford medical expenses

"My husband used to do part time jobs. Now he is working at a painting store with a boss in charge. But his pay very little, **one month about $1200 only, so I need to find work to help. Our children also need money for school and others**." (P16), F&B food server

5c. Employment

As already pointed out, health challenges can worsen employment conditions or a person's employability:

- "I used to work. However I have relapse on my slip disc and my back is too painful and affected my legs, even now I feel a little numb on my whole leg. I was given medicine from the doctor but the medicine cause dizziness and weak. Whenever I felt the pain, I would take the pills and felt so sleepy all the time." (P1), production technician

- "Actually I can do like light duty job, but sometimes my vision [caused by Graves disease], my vision is not very clear. Sometimes my eyes very dry." (P46), production operator

- "Now is because of the eczema that affect my work, because my eczema now affect my toe, I cannot wear shoe." (P29) security guard

5d. ‘Stretched at Home’: Care Work

Overwhelming caregiving responsibilities can make other factors, such as physical distance of clinic, more important than cost concerns

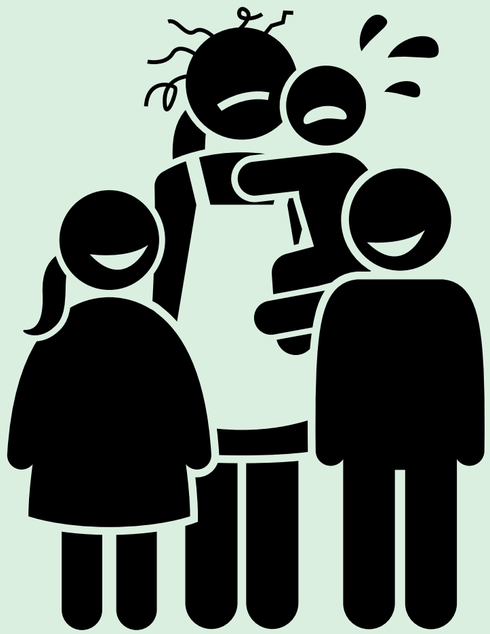
“**With 9 children right, very hard to take them to the [polyclinic]. I cannot bring all together, because I'm only the one who is handling them**. So, nobody to manage, nobody actually help me to bring all of them to the clinic. It is easier to bring them to the nearest clinic … because I’m staying at Lengkok Bahru, so polyclinic is Bukit Merah. [**But] for me [easiest] is downstairs [private] clinic, is nearest for me lah**.” (P45)

‘Care work is 24/7’: Caregivers with special needs children experience higher levels of caregiver strain.

“I’m the sole breadwinner and I take care of 4 kids and I have to pay the bills, I have to prepare the food, **I have to take care the special ones that need your attention for 24 hours, 24-7**. You need to bring him to check-up, need to feed him medication, need to monitor, then the younger ones need your attention more. … **Once in a while I’ll be mentally tired, so I break down … break down silent and be crying**.” (P38)

Care work mostly borne by the mothers of the household, causing care gaps when caregivers are sick/unavailable

“So far no one. **It’s always me alone, so most of my responsibilities have to be done by myself.** [Qn: So what happens when you fall sick?] **Our house becomes like Titanic sinking**.” (P26)



5d. Care work

Much of care work (especially healthcare in the household) is determined by social and biological necessity. There are critical trade-offs to be considered if care work is compromised.

- However, with dual breadwinner or single-parent households, can all biologically and socially necessary care work be fulfilled, and fulfilled in a way that ensures physical and mental wellbeing for all in the household?

- With stretched financial resources, residents are less capable of outsourcing/paying for caregiving services as do higher income households.

6. Stakeholder Insights (Medical Practitioners)

Insights from medical practitioners

- An average **child** gets sick around 12 times a year;
- Among **older patients**, care for those with dementia is a concern; also nutrition, isolation and depression.

Conditions more prevalent in rental neighbourhoods:

- Head lice (children);
- Poor dental health (higher rate of tooth decay);
- Eczema (children and youth)—may be linked to living environment; can only try to control symptoms;
- Asthma (worsens during the haze);
- Poor nutrition—across all ages groups, but manifests differently for different age groups:
    - Elderly: not enough protein;
    - Adolescent girls: iron deficiency
    - Children: tend towards extremes, either underweight or overweight.

Insights from medical practitioners

Health and Living Conditions

- When living in a small, often overcrowded space, illness spreads quickly: when one falls ill, rest of family takes turns to fall ill;
- Heat: currently not allowed to install air-cons in rental flats (one family approached a doctor to write to the MP to ask if they could install an air-con as it was so hot the children were not able to sleep well or study; unclear about outcome);
- Fire safety: one practitioner said it only became mandatory for fire alarms to be fitted in HDB flats in 2018, possibly around 90% of flats wouldn't have a fire alarm.

Health and Employment

- Many experience job insecurity and work in "physical jobs" with long hours (including shift work) that don't pay well: manifests in aches and pains and mental strain;
- Poor health exacerbated by living conditions (where infections spread quickly, see above), leading to residents having to take more MC or childcare leave, which affects employment.

Health and Care Work

- Parents, often mothers, sacrifice their health for their children—priority is children's needs and wellbeing.

Insights from medical practitioners

Non-Singaporeans and Healthcare

- Healthcare costs high for foreigners (e.g. foreign spouses), who are afraid to seek medical treatment;
- While some subsidized care is available for foreigners for general family medicine (at clinics like Mt Alvernia's Outreach Clinic), foreign spouses who require more specialized care may need to return to their home countries for treatment. This is not an option many can avail, and is especially challenging during the pandemic.

Health and Poverty/Finances

- Finances and health: some residents are not able to get their medication on time or don’t want to see a doctor due to concerns about costs;
    - While subsidies exist, certain medications require out-of-pocket payments;
    - Not all medical needs can be managed at community health level, including diagnosis (for e.g. there are legal implications to diagnosing someone with dementia, needs to be left to specialists);
- One doctor said he sometimes feels more like a “social worker”—has written letters for patients indicating they need formula milk (for children) or Ensure (for elderly), so that they can give to their social workers;
    - Believes that what is needed is to **bring families out of poverty to improve their health outcomes.**

6. Stakeholder insights

What does it mean to be healthy?

"To be healthy or have good health is to be free from illness and discomfort, and to functionally be able to do what one wants to do." (Medical practitioner)

An inclusive healthcare model

An **"inclusive"** model [where free or low-cost services are not restricted to or targeted at the poor but open to all] is better as there is less stigma in using the services (e.g. those worried about 'losing face' in using a service that is meant for 'poor people'). People also do not have to worry about whether or not they qualify. There is also the 'sandwiched' group—i.e. those who may not be on public assistance but are also struggling—who can use and benefit from these services.
(Medical practitioner)

6. Stakeholder Insights—Mental Health

A medical practitioner notes higher levels of depression, not just among the elderly but also among the youth.

Mental health and financial stress

"There are still some mental health patients that do not seek help. … Rental flat patients tend to have more depressive disorders. … Usually stress-related due to financial problems. … [The] issue is about **managing symptoms because the problems cannot be removed**." (Mental health professional)

"There is a link [between physical and mental health] … **chronic pain leads to depression**, [for example] post-stroke depression, cancer-related depression. Medications [can] worsen physical health problems, for example, metabolic syndrome which leads to them being more susceptible to mental health disorders." (Mental health professional)

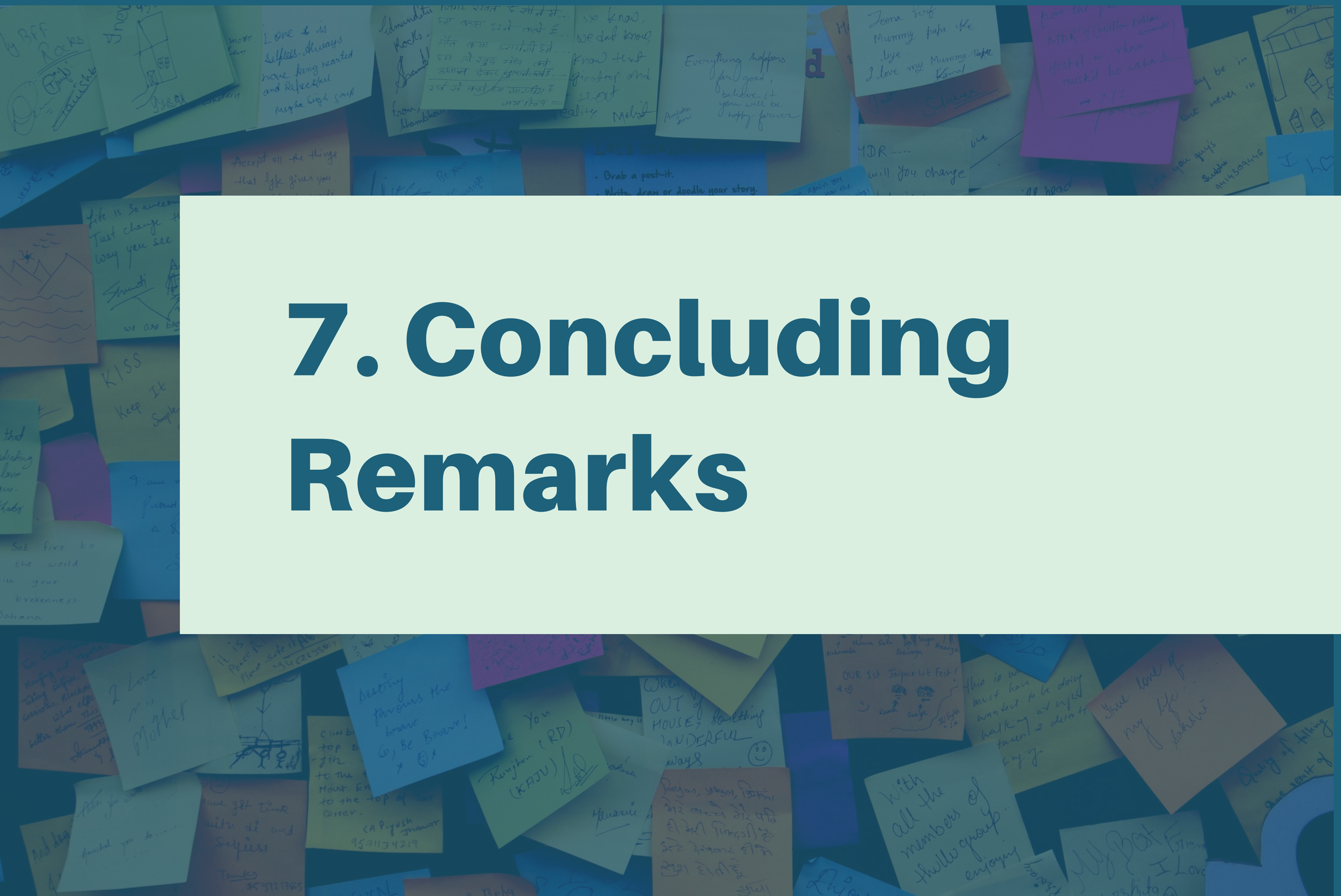
6. Stakeholder Insights—Mental Health

Stigma

Some patients are worried that seeking treatment and/or being diagnosed with a mental health condition—information which then gets stored on a medical database—may affect their employment opportunities, for e.g. if they work in the civil service, are serving National Service, or are in law enforcement agencies such as the police force.

Treating addiction

One challenge is the reporting requirement in Singapore, in which medical practitioners are legally obliged to report illicit substance abuse. This may deter persons to seek help for their addictions as they risk being criminalized.



7. Concluding Remarks

7. In conclusion

- ‘Stretched’ at work and in the household, residents in LB have limited capacities to adopt healthier lifestyles or access the public healthcare system when necessary;
- ‘Stretched’ suggests various elements:
  - The physical and mental exhaustion from work and caregiving;
  - Exploitation at the workplace in the form of low wages for high workload, minimal basic protections such as paid sick leave and healthcare insurance, and being exposed to unsafe working environments;
  - Individual caregivers bear the strain, sometimes of caring for all members in the household (young and old); most often caregivers are women;
  - There are additional strains and stressors on the capacity for families with non-citizens (transnational families) who face additional hurdles accessing the healthcare system.

7. In conclusion

- There are also supply-side reasons for why residents ‘think twice before seeing a doctor’:
  - Despite many government subsidies, healthcare costs remain too expensive for many residents;
  - Some residents shared negative experiences accessing care in the public healthcare system.

As households in LB generally have the will and knowledge but lack the capacity to adopt healthier lifestyles or adequately access the public healthcare system, community interventions or public policies to improve healthcare outcomes of residents need to focus on increasing their capacities at work and the household, and improving the accessibility and quality of the public healthcare system for all who live and work in Singapore. It is also important to ensure that policies do not undermine such efforts or create further stressors on the livelihoods and wellbeing of families already living under financial strain.