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Scoping Study on Health and Social Security Systems Literacy of Filipino Migrant Workers in East Asia

Jocelyn O. Celero, Melissa R. Garabiles, and Evangeline O. Katigbak-Montoya

CONTACT US:

RESEARCH INFORMATION DEPARTMENT
Philippine Institute for Development Studies

18th Floor, Three Cyberpod Centris - North Tower
EDSA corner Quezon Avenue, Quezon City, Philippines

publications@pids.gov.ph
(+632) 8877-4000

https://www.pids.gov.ph

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Abstract

The Philippines has been a major source of female domestic labor in East Asia. The migration of Filipino female household service or domestic workers contributed to the sustained economic growth in countries like Japan, Hong Kong PRC, and Singapore, amidst chronic demographic and labor issues. Being literate in the health and social security systems is vital to ensuring the well-being of Filipino migrant workers, and the sustainable development of both the Philippines and East Asian countries. This scoping study examines the state of scholarship on health and social security systems literacy of Filipino migrant workers in East Asian countries, specifically Japan, Hong Kong SAR, and Singapore, as well as the Philippines. Using the Six-Stage Methodological Framework for Scoping Review adapted from notable social researchers (Arksey and O'Malley 2005; Levac, Colquhoun and O'Brien 2010; Liu et.al. 2015) and the Preferred Reporting Items for Systematic reviews and Meta-Analyses-Extension for Scoping Reviews or PRISMA-ScR, the study searched for published literature on six databases and extracted studies based on criteria for inclusion using Covidence software.

This scoping review showed that of the 60 studies analyzed, 25 focused on Japan, 16 on Hong Kong, and eight looked at the case of Singapore (including three, which focused on the Association of Southeast Asian Nations or ASEAN); the remaining 11 were about the health and social security systems in the Philippines for OFWs. The study found that there is *no* existing conceptualization of migrant health and social security systems literacy in East Asia and the Philippines. While a few studies utilize the term, 'health literacy', these papers also fail to operationalize the concept in the research. Most studies on health and social security systems are concerned with *accessibility* more than literacy. A few studies that include Filipino migrant workers' experiences with the health and social security systems of destination countries only go so far as describing such experiences using the words, "knowledge," "understanding," and "familiarity."

To facilitate consultation as the sixth stage of the scoping review process, the study conducted focus group discussions with Filipino domestic workers in Japan, Hong Kong, and Singapore, as well as semi-structured interviews with select Philippine government agencies. Findings revealed that migrants themselves, governance, social networks, informal channels, and media contribute toward either enabling or constraining Filipino migrant workers' health or social security systems literacy. Most Filipino migrant workers are systems literate only to the extent that they are familiar with and partially understand the basic social and health security schemes offered in destination countries as well as the Philippines. This study proposes a framework for defining health and social security systems literacy both as a complex process that is intimately tied to the portability of healthcare and social security and as an individual migrant competence, that consists of shifting levels of connection to the health and social security systems of the Philippines and destination countries. It offers several research and policy recommendations that advance collaboration between the Philippine government, academics, migrant NGOs, and Filipino migrant workers.

Keywords: health system, social security system, health and social security systems literacy, Overseas Filipino Workers, Japan, Hong Kong, Singapore, Philippines

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List of Acronyms

APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFO	Commission on Filipino Overseas
CHAS	Community Health Assistance Scheme (Singapore)
CMP	Construction Marine Shipyard and Process (Singapore)
DMW	Department of Migrant Workers (Philippines)
DOH	Department of Health (Philippines)
DSWD	Department of Social Welfare and Development (Philippines)
GCC	Gulf Cooperation Council (GCC)
HDMF	Home Development Mutual Fund (Philippines)
IC	Insurance Commission (Philippines)
IOM	The International Organization for Migration
ILO	International Labor Organization
IMRAP	Inter-Agency Medical Repatriation Program
MDW	Migrant Domestic Worker
MEDplus	Supplemental Medical Assistance Program (Philippines)
MHLW	Ministry of Health, Labor and Welfare (Japan)
MOFA	Ministry of Foreign Affairs (Japan)
MOM	Ministry of Manpower (Singapore)
MWC	Migrant Workers Center
MWL	Migrant Workers Law
MHU	Migrant Health Unit (Philippines)
NGO	Non-government Organization
NHI	National Health Insurance (Japan)
NIPSSR	National Institute of Population and Social Security Research
OEC	Overseas Employment Certificate
OOP	Out-of-Pocket Payments
OWWA	Overseas Workers Welfare Administration (Philippines)
OFW	Overseas Filipino Workers
PAOS	Post-Arrival Orientation Seminar (Philippines)
Pag-IBIG	Home Development and Mutual Fund (Philippines)
PDOS	Pre-Departure Orientation Seminar (Philippines)
PhilHealth	Philippine Health Insurance Corporation
PMHN	Philippine Migrant Health Network
POEA	Philippine Overseas Employment Agency
POLO	Philippine Overseas Employment Agency
POLO	Philippine Overseas Labor Organization
PSA	Philippine Statistics Authority
POP	Pag-IBIG Overseas Program
SSA	Social Security Agreement
SSS	Social Security System (Philippines)
SSWV	Specified Skilled Visa Workers Program (Japan)
TESDA	Technical Educational and Skills Development Authority (Philippines)
TITP	Technical Intern Training Program (Japan)
UDHR	Universal Declaration of Human Rights
UHC	Universal Health Coverage
WAP	Welfare Assistance Program (Philippines)

Scoping Study on Health and Social Security Systems Literacy of Filipino Migrant Workers in East Asia

Jocelyn O. Celero[1], Melissa R. Garabiles[2], and Evangeline O. Katigbak-Montoya[3]

1. Introduction: Challenges to Portability and Inclusion of Migrant Workers into Health and Social Security Systems

The Philippines has been a major sending country of migrant workers who perform essential services to households and industries across Asia-Pacific and around the globe. In 2020, there were an estimated 1.77 million Overseas Filipino Workers (OFWs), the majority of whom were in Asia. In 2022, there were (59.6%) female and (40.4%) male OFWs. The majority of them worked in elementary occupations (46.7%), which included domestic work (PSA 2022). In East Asia, almost a million Filipino migrant workers are employed to fill in the chronic labor shortage and provide care and other needs of its ageing societies. The international migration of Filipino workers has contributed to the socio-economic productivity of countries like Japan, Hong Kong SAR (PRC), and Singapore. It has, however, also brought tremendous impacts on their own health and overall well-being due to family separation, as well as on the financial, health, and social welfare planning in both origin and destination countries. Thus, ensuring Filipino labor migrants' health and social welfare should be an agenda for national, bilateral, and regional cooperation between the Philippines and East Asian states.

This scoping study was conducted to examine the state of scholarship on migrant health and social security systems literacy in East Asian countries, specifically in Japan, Hong Kong, and Singapore, as well as the Philippines. It reviewed studies that deal with Filipino migrant workers' health and social security systems literacy, which refers to how migrant workers access, are familiar with, understand and utilize information about health and social security systems in the destination and origin states. Strongly linked to being literate on the health and social security systems is making their social and health protection portable to ensure their well-being in exchange for contributing to the sustainable development of both sending and receiving countries. Literacy can also become a population-level resource and community asset (Sentell et al. 2020). As such, migrant workers come into the receiving country in a healthy state and must maintain their health and overall well-being throughout the migration cycle. A healthy and socially protected migrant labor force, therefore, is well informed and integrated into the health and social security systems, as they contribute to the realization of global, regional, and national development goals.

This project also locates the issues on social and health security systems in East Asia among female low-wage migrants. While there have been studies focusing on the portability of health and social benefits for migrants between and among states (see, for example, ASEAN 2021; Holzman, et al. 2016), we argue that there is a need to understand how this trend plays out at other scales. In particular, there is a need to understand the health and social security systems literacy of female low-wage migrant workers. As this study shows, however, the current literature on this is still scant. Thus, this scoping study is important on two levels: first, it

[1] Associate Professor, Asian Center, University of the Philippines Diliman.

[2] Associate Professor, Department of Psychology, De La Salle University.

[3] Assistant Professor, Department of International Studies, De La Salle University.

reviews the literature on social and health security policies for migrant workers. Second, it also contributes to the literature by investigating Filipino migrant workers' social and health security literacy, particularly those of low-wage Filipina migrant workers in East Asia.

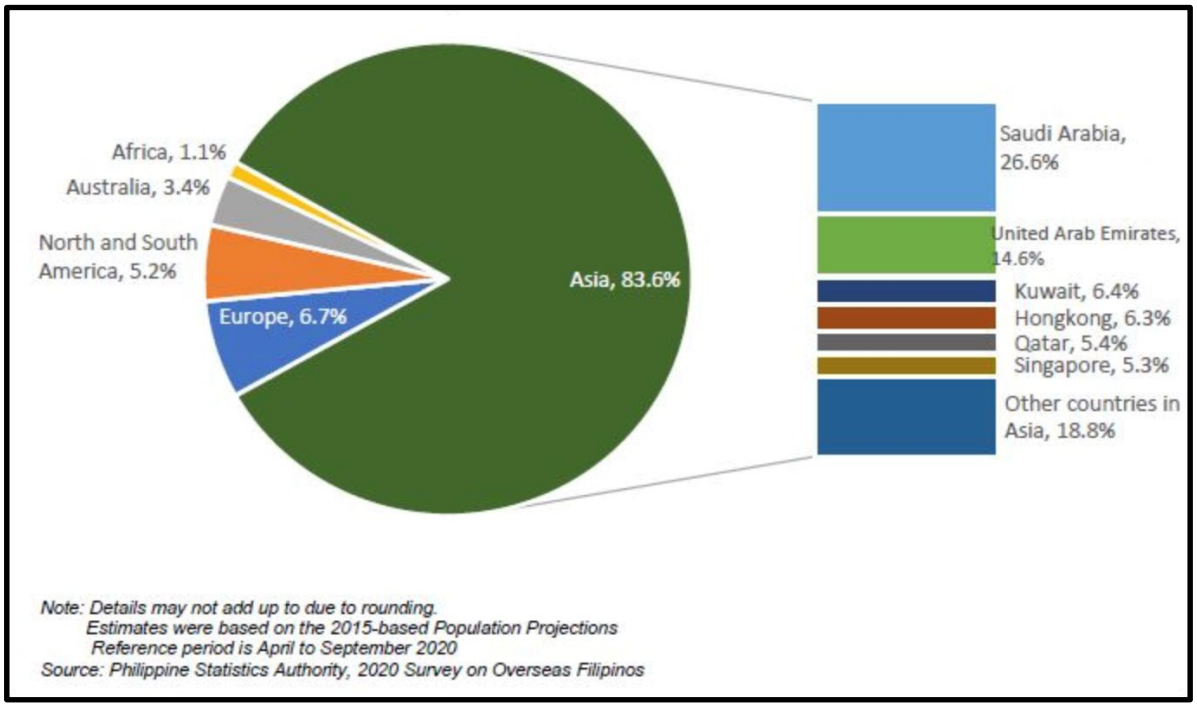
This report proceeds as follows: we first foreground East Asia, particularly Japan, Hong Kong, and Singapore as destination areas for OFWs. Subsequently, we discuss the scoping review method that we pursued, including the findings and the gaps we identified from the scoping study. Thereafter, we juxtapose the results of the scoping review to the findings from the focus group discussion (FGD) with female OFWs and interviews with representatives of Philippine government agencies tasked to look after the welfare of OFWs. We end by forwarding research and policy recommendations relevant to the health and social security systems literacy of Filipino migrant workers.

1.1 East Asia as destination region

Filipino migrant workers in Asia comprise the largest pool of Overseas Filipino Workers (OFWs) in the world, with 83.6 percent of the total in 2020 (Figure 1; PSA 2022). In Asia, a significant number of Filipino migrant workers are based in East Asia, particularly in Japan, Hong Kong, and Singapore (Table 1). From the 1960s to the present, the region has been a major destination for working-class labor migration, in which, "ordinary people try to get more money, decent jobs, and a more secure economic future for themselves and their families" (Fielding 2015).

In both Hong Kong and Singapore, the number of female OFWs is higher than their male counterparts, with Hong Kong exhibiting the highest unevenness of gender ratio as of 2020. In Japan, meanwhile, Filipino inbound migration has been female-dominated since the 1970s with the entry of Filipina women as spouses and entertainers. The rising number of Filipino male newcomer migrants results from the more recent labor migration schemes, notably the Technical Intern Training Program (TITP) from the 1990s and Specified Skilled Visa Workers Program (SSWV) in 14 male labor-demanded sectors since 2019.

Figure 1. Percent distribution of OFWs by place of work, 2020



Source: PSA, 2022

Table 1. Background of Filipino migrant workers in Hong Kong, Singapore, and Japan, 2022

Country/Territory	Total OFWs	Males	Females
Japan	62,001	47,267 (76.24%)	14,774 (23.83%)
Hong Kong	111,602	9,310 (8.34%)	102,364 (91.72%)
Singapore	93,887	32,227 (34.33%)	62,263 (66.32%)

Source: PSA, 2022

A number of factors explain the popularity of Japan, Hong Kong, and Singapore as destination areas for OFWs. These include, in general, their high-performing economies, which also translates to higher pay and cultural and geographical proximity to the Philippines. The place-specific characteristics of OFWs in Japan, Hong Kong, and Singapore are as follows:

1.1.1 Japan

Filipinos' migration to Japan was an outcome of historical and structural factors. While Filipinos have been the oldest migrant residents from Southeast Asia since the 1960s (Hayase 2014), the number only exponentially increased beginning in the 1970s when the rural areas were depopulating due to Japan's rapid industrialization and urbanization. Filipino female migrants filled the severe gap in the marriage market, by becoming spouses to Japanese farmers. The 1980s saw Japan experiencing high growth and demanded more migrant labor to take on dangerous, dirty, and difficult jobs abundant in the labor market. As Japan expanded its economic and political influence in Asia, it sent Japanese men to work in Southeast Asia, including the Philippines. At the same time, sex tourism in the Philippines had become a viable

source of income for Filipino women. With the gradual departure of U.S. military men, Japanese men replaced them and quickly became regular patrons of Filipino women. (Suzuki 2010). By the 1980s, a two-way flow had been established, with Filipino women going to Japan to work in the nightlife industry, cementing an image of Filipina sexuality and femininity as key characteristics of Filipino migration to Japan (Suzuki 2010). This is perhaps the reason why the literature on Filipino women is a widely explored topic in the discourse of Filipino migration to Japan.

The feminized Filipino migration trend has continued in recent years as Filipino women came to Japan to work as entertainers, nurses, housekeepers, nannies, caregivers, cooks, and in other service occupations deemed feminine. By 2014, there were around 214,000 Filipinos in Japan, making up 10.5 percent of the total foreign population of Japan. Filipino-Japanese intermarriages were another major aspect of Filipino female migration to Japan, although there has been a steady decline over the years due to crackdowns on mail brides and human trafficking. (Balgoa 2017). In 2020, Filipinos constitute the fourth largest migrant group in Japan. Of the 282, 798 or 9.6 percent of the total number of Filipinos registered, 131,933 and 12,107 have become permanent and long-term residents, respectively (Ministry of Health, Labor and Welfare 2021). As of 2021, Filipinos constitute 11.1 percent of the total number of foreign workers at 191,083, and the second largest migrant group in terms of consistent annual growth rate of 3.4 percent (Ministry of Health, Labor and Welfare 2021).

Filipino migrant workers in Japan classified into two status-based and activity-based visa categories. The former consists of permanent resident, special resident, spouse and child of a Japanese national, and long-term resident visa holders, and can engage in economic activity without restriction. Meanwhile, the latter includes those who hold highly skilled, technical trainees, designated activity (e.g., working holiday, housekeepers in special economic zones, Economic Partnership Agreement nurse or caregiver candidates, and asylum-seekers), ‘‘non-work’’ activity (e.g., students), and a designated skills visa (via Specified Skilled Workers from April 2019. These migrant workers engage in economic activity with restriction (Endoh 2019).

Nowadays, illegal activities and inefficiency on the part of the main issues Filipino migrants encounter. Some employment agencies falsify documents in order to recruit Filipinos younger than what the labor laws allow, and send them to work in Japan as entertainers. Moreover, there has been a persistent problem of overstaying among Filipinos in Japan. Some skillful irregular and undocumented migrants manage to elude authorities for as long as ten years or more. The difficulties that come with these illegal means, however, must not be underestimated. False documents do not allow them to have proper medical treatment and welfare assistance when needed. This has been a very concerning problem for the welfare of these migrants. (Ofreneo and Samonte 2005).

While some manage to find employment legally, they encounter abuses at the workplace. Ofreneo and Samonte (2005) reveal, for instance, that around 2,537 Filipino trainees who have been sent to participate in internship programs since 1988 were abused by Japanese employers. As the program defines them as trainees (rather than workers), they are entitled to less wages and benefits compared to regular Japanese employees who do the same operations but receive better compensation. There have also been reports of human rights abuses done by Japanese employers to their Filipino employees. Common ones include the confiscation of passports and breaching of contracts. (Ofreneo and Samonte 2005).

1.1.2 Hong Kong

Hong Kong is home to many Filipinos. Seven-point-five percent of all OFWs are in Hong Kong, making it the top preferred destination in East Asia and third overall (Philippine Statistics Authority 2020). OFWs are also the second largest ethnic group in the small city accounting for 2.7 percent of the population (Census and Statistics Department, The Government of the Hong Kong Special Administrative Region 2022).

Most OFWs in Hong Kong are migrant domestic workers (MDWs). At 163,500, they make up 89 percent of the total OFWs in the territory (Census and Statistics Department of The Government of the Hong Kong Special Administrative Region 2018). MDWs' workplace and their living space are the same as most live in their employers' home (Chen 2011; Gallotti 2015). They are tasked to do many activities, most of which are considered "feminine" tasks or those that mothers are traditionally expected to do (e.g., cleaning, caring for children, the elderly, or sick and disabled) (Chen 2011; Gallotti 2015). As MDWs take over household and child-caring tasks typically assigned to mothers, the mothers can participate in Hong Kong's labor force and therefore increase their household income (Chan 2006; Cortés and Pan 2013).

The remaining female and male OFWs are in other industries like accommodation and food services, public administration, education, human health and social work, real estate, professional and business services, etc. (Census and Statistics Department The Government of the Hong Kong Special Administrative Region 2018). Unlike MDWs, they live in apartments or dorms with fellow migrants or family members. Not much is known about them in the literature as they are lumped together with studies on MDWs.

1.1.3 Singapore

Singapore has consistently been among the top ten destination countries for overseas Filipino workers, including middle-income professionals, international students, and low-wage domestic workers. The city-state hosts one of the largest Filipino communities outside of the Philippines, with a total population of 203,243 Filipino migrants in 2013 (CFO n.d.); "estimates" are at about 160,000 to 180,000 in 2018 (Katigbak-Montoya forthcoming). In 2020, Singapore was the sixth most popular destination country for land-based OFWs, with 162,223 Filipino workers (PSA 2022). There is no publicly available disaggregated data on the age, gender, and employment of migrant Filipinos in Singapore. However, various sources such as newspapers, networks/groups on social media, and my personal knowledge and networks in Singapore confirmed that the Filipino community in Singapore is composed of various ages, ethnicity, employment, and visa categories (see Liao 2019).

The popularity of Singapore as a migration destination among Filipinos can be attributed to several factors, including its high-performing economy that translates to relatively higher wages for workers, political stability, and its relative geographical proximity to the Philippines. These favorable conditions in Singapore, deemed to be in contrast with the social, political, and economic situations in the Philippines, have led to a growing population of migrant Filipino workers in the former.

The Work Pass System (commonly known as work visa) is the main policy instrument through which Singapore manages and controls its foreign workforce. As a control measure, the Work Pass System streams for generally two categories of foreign workers: Professionals and "Skilled", and "Semi-skilled" workers. Singapore's Ministry of Manpower (MOM) specifies

that under the professionals and skilled category are “Employment Pass (E Pass) Holders" consisting of foreign professionals, managers, and executives who earn at least SGD 4,500 a month and have acceptable qualifications; and, “Skilled Pass (S Pass) Holders,” who are mid-level skilled workers who earn at least SGD 2,500 a month and have the relevant qualifications and work experience. “Semi-skilled” workers are Work Permit holders who are low-wage earners usually confined in the following sectors: domestic service, construction marine shipyard and process (CMP), and the so-called non-CMP sectors (e.g. retail, and food and beverage). They are neither allowed to bring their family to Singapore nor permitted to apply for Permanent Residency. Only those holding E and S passes are qualified to bring their families to Singapore as dependents, provided they meet the specific minimum salary criteria. Moreover, with the exception of E Pass holders, migrant workers are subjected to levies and quotas to avoid the reliance of the Singapore economy on foreign workers (Yang et al., 2017). Non-residents (foreign workers, dependents, and international students) comprised 27.7 percent of Singapore’s total population of 5.64 million as of June 2022 (National Population and Talent Division, Singapore 2022). Fifty-eight percent of these were Work Permit holders.

1.2 Overview of health and social security benefits in East Asia

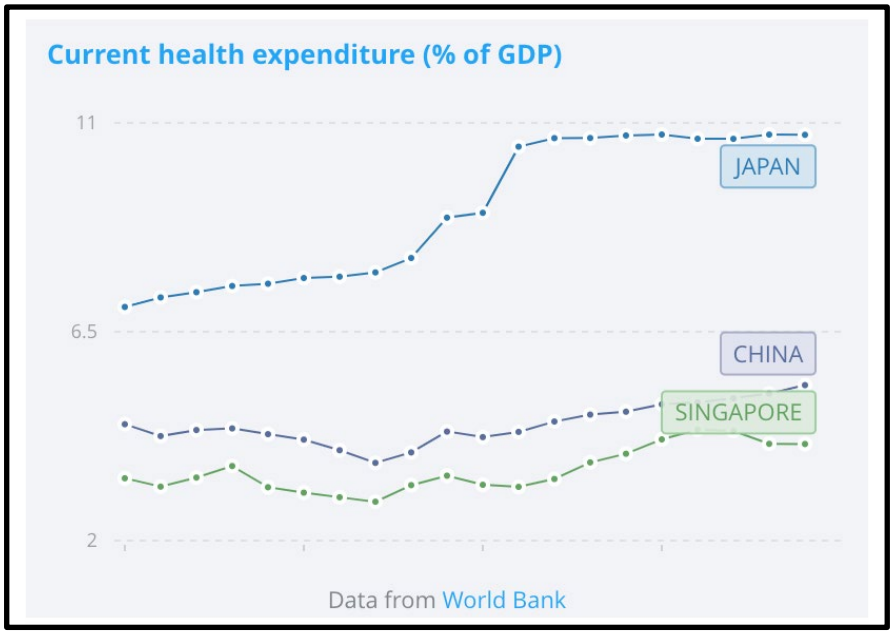
This study has examined the various factors that shape the literacy of migrant workers regarding relevant social and health security systems in both sending and receiving states. In this research, a social security system is defined as, “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of the poor, vulnerable, and marginalized groups.” (Sabates-Wheeler and Waite 2003, p.10). It includes migrant workers and their access to a pension, living subsidies, health care, legal, educational, and employment assistance, as well as other social services (ILO 2013). Meanwhile, the study uses the definition of a health security system by the World Health Organization (n.d.), referring to it as, “the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people’s health across geographical regions and international boundaries.” Migrants’ literacy on health and social security systems is defined here as the ways migrant workers are familiar with, understand, and are knowledgeable about health and social policies, programs, and initiatives either or/ both in origin and destination countries.

In the Philippines, social protection for migrants is of two types: unilateral and bilateral/multilateral programs. Orbeta (2016) explains that unilateral programs are those that are state-initiated with the aim of safeguarding OFWs and their dependents. This includes compulsory membership in Philippine Health Insurance (PhilHealth), Social Security System (SSS), Home Development and Mutual Fund (Pag-IBIG), and Overseas Workers Welfare Administration (OWWA). Bilateral/multilateral programs, on the other hand, consist of bilateral social security and bilateral labor agreements. “Social security agreements cover such issues as “totalization” and export of social security benefits allowing workers abroad to combine contributions made both at home and abroad to be considered in the computation of eligibility and benefits of social security. Labor agreements, on the other hand, cover terms and conditions of employment and recruitment, but may also be expansive to cover the exchange of information and technical expertise on manpower development” (Orbeta 2016, p.35; see also Tabuga et.al. 2021). At present, the Philippines has signed a bilateral labor agreement with only seven countries/economies in Asia: Cambodia, China, Indonesia, Lao PDR, Japan, South Korea, and Taiwan (Tabuga, et al. 2021).

We looked at the social and health security systems in place for Filipino migrant workers in the Philippines (origin) and Japan, Singapore, and Hong Kong SAR (destination). The accessibility and portability of benefits from these health and security systems "promise to lift a major constraint on international labor mobility and individual risk management" (Holzmann 2018, p.1). However, cross-border portability of benefits from health and social systems is only possible if sending and receiving countries enter into an agreement on the subject. It underlines the necessity for the Philippines, as one of the world's major source countries of migrant workers, to initiate bilateral agreements with counterpart receiving states to ensure the social and health protection of Filipino migrant workers. Among the three countries included in this study, the Philippines only has a bilateral agreement with Japan signed in 2015 which has guaranteed access to pension and health care benefits from the Japanese government for Filipino migrants should they choose to return to the Philippines in the future. The Philippines has yet to formally enter into bilateral labor agreements with Hong Kong and Singapore.

Japan, Hong Kong, and Singapore have systems in place for the health and social protection of their citizens. Figure 2 shows the current level of healthcare expenditures as a percentage of GDP in Japan and Singapore, based on World Bank data. As there is no available disaggregated data for Hong Kong, data for China is included here to show the increasing public spending, particularly on health. For Hong Kong, government data was used as a comparison (Health Bureau 2022). Of the three, Japan spends the highest on health/healthcare. Hong Kong comes in second, with 6.2 percent of the territory's GDP spent on healthcare in 2019 (Health Bureau 2022). Singapore reports a relatively lower percentage of GDP spending on health because healthcare in the country is highly privatized. In spite of the relatively higher healthcare spending in these areas, access to benefits remain limited to nationals and migrant workers with permanent residence.

Figure 2. Level of current health expenditure expressed as a percentage of GDP: Japan, Hong Kong, * and Singapore (2000-2019)



Note: *There is no available disaggregate data for Hong Kong
Source: World Bank 2022

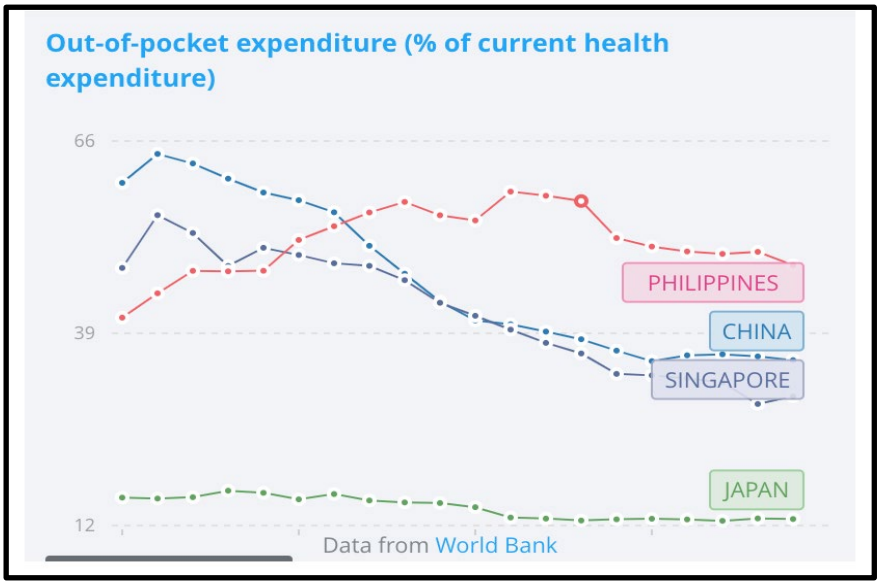
Healthcare is financed through a variety of arrangements through which health services may be paid for and obtained by people. This usually includes government spending (e.g., budgetary allotment, subsidies, etc), private organizations (usually for profit), and out-of-pocket payments (OOP). OOP is spending on health directly out-of-pocket by households. Figure 3 shows the share of OOP of total current health expenditures for the Philippines, Japan, China (Hong Kong*), and Singapore from 2000 to 2019. Among the four countries, the Philippines has the highest OOP (48.6%) in 2019, followed by China (35.2%), Singapore (30.2%), and lastly, Japan (12.9%). Hong Kong government's 2019 data showed OOP of 32 percent (Health Bureau 2022), slightly higher than Singapore.

Looking at the data on health expenditure through OOP per capita in international dollars at purchasing power parity, however, reveals that Singapore citizens bear large spending on healthcare, following Singapore's healthcare system philosophy of "individual responsibility coupled with 'many helping hands' and a state-provided safety net" (Lim 2017, p. 104). In other words, Singapore has a low GDP per capita spending on healthcare and passes the rest of the burden to individuals (or households). Although the state has introduced various instruments aimed at reducing OOP, including the Pioneer Generation Package, to help elderly people pay for medical treatment; MediShield Life, to expand insurance coverage; and the Community Health Assistance Scheme (CHAS), to provide government subsidies for primary care for those that qualify (Lee 2020; Lim 2017).

In Japan, the healthcare system follows a universal regime to ensure that anyone can secure medical treatment. Extended in the form of in-cash and in-kind, the health system consists of national health insurance, public health, and maternal and child health services. Fundamentally built around full-time employment, Japan's healthcare is financed through social insurance premiums that employment-based associations manage (Hayashi 2010), and are supplemented by tax revenues in order to support those excluded from the mainstream programs (NIPSSR 2019; Statistical Handbook 2022). In 2019, the national medical care expenditures reached JPY 44.4 trillion, equivalent to 11.6 percent of the national income of Japan (Statistical Handbook 2022). Medical reimbursements through national health insurance are determined through household income. For instance, households with an annual income of JPY 3.7million receive reimbursement from, "catastrophic spending on health through the High-cost Medical Expenses Payment System in which national health insurance reimburses out-of-pocket payments of more than JPY 80,100 per month, while lower-income households receive between JPY 15,000 and JPY 24,600 (NIPSSR 2019).

In Hong Kong, the healthcare system is patterned after Britain's National Health Service, which makes public healthcare at the forefront of the provision of low-cost and comprehensive healthcare to citizens, permanent residents, and even nonpermanent residents with valid visa and ID cards (Kong et al. 2015). The private sector is also active, given the demand from the locals and Mainland Chinese, and the Hong Kong government's support for its expansion and redevelopment in order to assist overburdened public hospitals (Kong et al. 2015).

Figure 3. Out-of-pocket expenditure (% of current health expenditure), Philippines, Japan, Hong Kong*, and Singapore (2000-2019)



Note: *There is no available disaggregate data for Hong Kong
Source: World Bank, 2022

The social security systems of East Asian countries in this study conform to the classification standards of the International Labor Organization (ILO) in defining the financing schemes and the nature of benefits extended to both citizen and migrant workers. Table 2 compares the major social security benefits in the three countries, showing the varied yet limited access of migrant workers to these health and social security entitlements. In Singapore, for example, some coverage is restricted, meaning it only covers citizens and permanent residents (PRs), excluding migrant workers from the social security program. Hong Kong and Singapore's provident funds (PF) are portable. However, while Singapore's PF imposes no minimum years of contribution, Hong Kong's is at seven years. In addition, Singapore's PF is exclusive to citizens and PRs while Hong Kong covers migrant workers. Singapore requires employers to purchase health insurance for low-wage migrant workers but the benefits of this are very limited and not portable, meaning once they go back to their countries of origin, they are no longer entitled to the benefits earned in the country of employment.

In Japan, social insurance premiums are extended to migrant workers and the benefits are portable given that it has a social security agreement with 18 countries, including the Philippines (Holzmann and Wels 2020). Migrant workers can receive a lump sum payment if they contribute payment between six months and ten years prior to leaving Japan. Meanwhile, it takes ten years of minimum contribution before a migrant worker becomes eligible for a pension during retirement.

The challenge lies in the Philippines' capacity to negotiate for portable and flexible health and social security agreements with these destination countries to ensure optimal protection of Filipino migrant workers. As of date, it has an existing social security agreement with Japan, which was signed in Manila in November 2015, and formally took effect on August 1, 2018. This bilateral agreement, which ensures the totalization of health and social security benefits contributed in both systems, is the most recent development in health and social security cooperation in Asia (Tacadao 2016).

It remains to be seen whether other Filipino migrant-densely populated destination countries such as Hong Kong and Singapore will pursue a similar approach, especially since these countries also rely on OFWs to sustain their economies, households, and elderly citizens. It is also worth inquiring whether and how Filipino migrant workers are situated within the prevailing health and social security systems of these countries. Given that migrant workers are presumably in a healthy state prior to arriving at destination countries, do their prevailing healthcare and social services adequately maintain the overall health and social well-being of the foreign labor force?

Table 2. Comparison of health and social security benefits for migrant workers in Japan, Hong Kong, and Singapore

	Japan	**Hong Kong**			**Singapore**	
	Social Insurance	Universal Benefit	Provident Fund	Employer Liability	Provident Fund	Health Insurance
Branches covered:						
Old age	X	O	O		O	
Invalidity	O	O	O		O	O
Survivor	O	O	O		O	
Sickness	O			O	O	O
Maternity	O			O	O	
Coverage limited to nationals and/or permanent residents	No	No	No	No	Yes	No
Export of benefits allowed	Yes	No	Yes	(…)	Yes	No
Minimum period for eligibility (years)	10	7	7	None	None	None

2. Methods

This scoping study makes a preliminary assessment of the available research on the health and social security systems literacy of Filipino migrants in East Asia. It is guided by the Six-Stage Methodological Framework for Scoping Review adapted from notable social researchers (Arksey and O'Malley 2005; Levac, Colquhoun and O'Brien 2010; Liu et.al. 2015) and the Preferred Reporting Items for Systematic reviews and Meta-Analyses-Extension for Scoping Reviews or PRISMA-ScR. The framework consists of six stages: (a) defining the research question; (b) identifying relevant studies or search strategy; (c) selecting studies; (d) charting the data and assessing the quality of studies included; (e) collating, summarizing, and reporting the data, and (f) consultation.

2.1 Defining the research question

The following are the research questions pursued in this scoping study:

1. What is known about social and health security systems literacy in migrant-receiving countries in East Asia and migrant-sending countries such as the Philippines?
2. To what extent do sending (Philippines) and receiving countries (Hong Kong, Singapore, Japan) ensure that migrant workers are informed about and access health and social security systems?
3. Are Filipino migrant workers in East Asia health and social security systems literate?

2.2 Identifying relevant studies or search strategy

The study used Covidence, a web-based software used to screen, extract and analyze references for scoping review. Between July and September 2022, the team searched for studies that look at the health and social security systems literacy of Filipino migrants in East Asia in the following scientific and gray literature databases: EBSCO, JSTOR, Project Muse, PubMed, Scopus, and Google Scholar. The keywords list and search mechanics were tweaked depending on the search character of the database. The search utilized a combination of keywords such as "Filipino migrant", "Japan", "Hong Kong", "Singapore", "Philippines", "social security", "social protection", "health policy", "health system", "healthcare", and "literacy". Only studies, policy briefs, and government reports that have available full-text and are written in English were included in this review.

2.3 Selecting studies

There were 18,065 studies imported for screening which showed many duplicates that were subsequently removed. From the 11,367 studies during the title and abstract screening using the keywords, only 310 met the inclusion criteria and went to the full-text review. A full-text review was done to identify empirical studies and policy notes/reviews that explain the health and social security systems literacy of Filipino migrant workers in East Asia. The full-text review resulted in only 60 papers meeting the eligibility criteria for the scoping review.

2.4 Charting the data and assessing the quality of studies included

The study used Microsoft Excel to store annotated bibliographies of selected papers and maintain a database of surveyed literature. The list of all references gathered through the

scoping process using Covidence was exported and saved in Zotero reference manager software.

2.5 Collating, summarizing, and reporting the data

The full-text reviews of all included studies were further evaluated and exported from Covidence. Data collected from these papers include descriptive data such as author/s, title, and year of publication, as well as microdata such as aims, research methods, sample population, number of respondents, and method of recruitment, findings, recommendations, and limitations of the study.

The papers extracted were disaggregated according to country/area studies: Japan, Hong Kong, Singapore, Philippines, and others (e.g., East Asia, Southeast Asia). A collation matrix was developed to show the following information: whether the papers were about health protection for migrants in the host country, social protection for migrants in the host country, health protection for migrants in the home country, social protection for migrants in home country, and migrant health and social security systems literacy.

2.6 Consultation

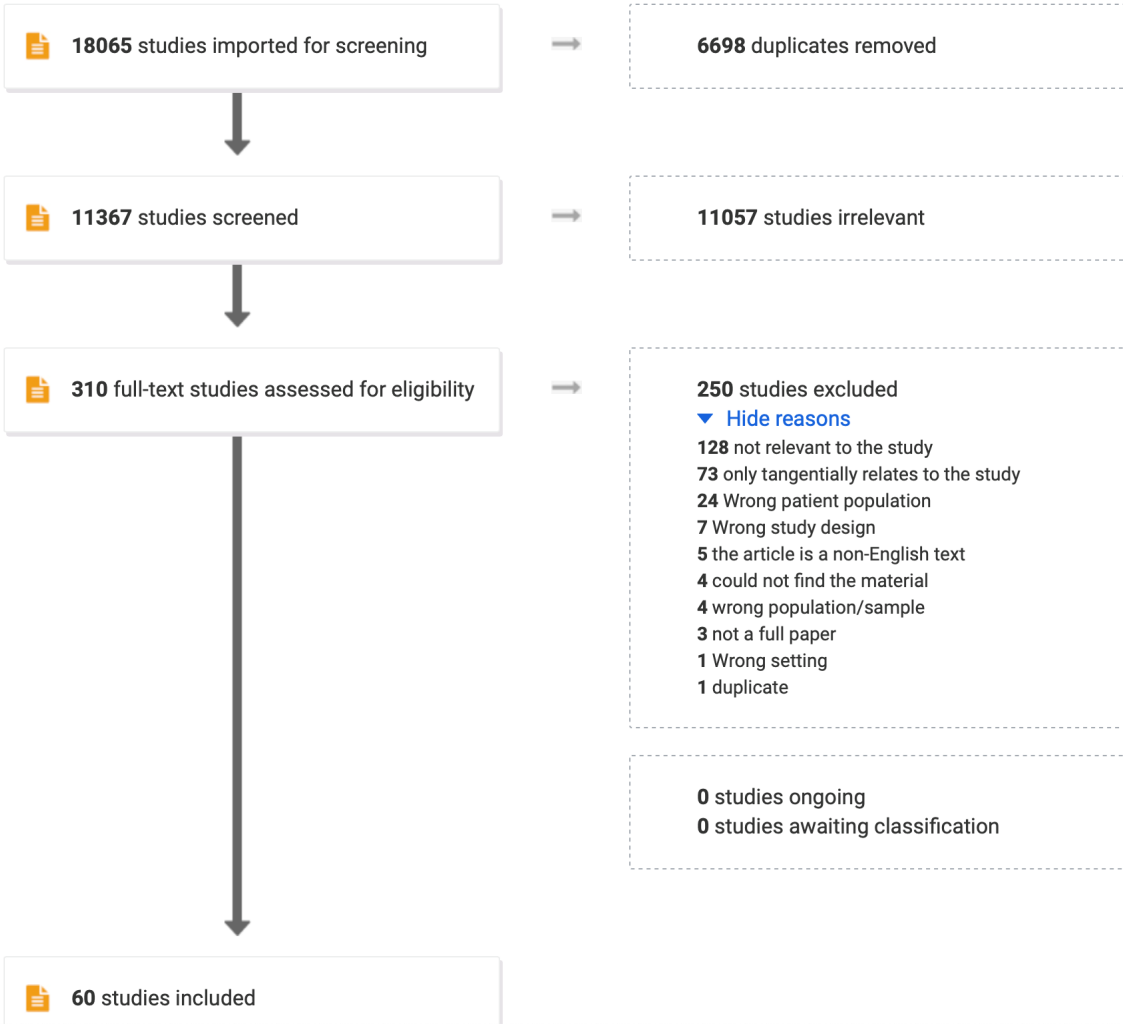
Qualitative data, which complemented and substantiated the scoping review, was derived from the ff. methods: (a) focus group discussions were conducted with OFWs in Japan, Hong Kong, and Singapore; and, (b) semi-structured interviews with representatives of Philippine agencies mandated to look after the health and welfare of OFWs, which are as follows: Philippine Migrant Health Network (PMHN), PhilHealth, Social Security System (SSS), Insurance Commission (IC), Pag-IBIG Fund, and Overseas Workers Welfare Administration (OWWA).

3. Presentation of Findings

3.1 Scoping review results

Results from the database and studies selection are shown in the PRISMA diagram below (Figure 4). Note that although not all of these papers met all of the eligibility criteria set for inclusion in the scoping review many were still selected because they met at least the minimum standard. For example, in the case of Singapore, some of the studies that were included did not specifically look at the case of Filipino migrant workers, but they highlighted important details about the health and social security programs that are in place for migrant workers.

Figure 4. Study selection process PRISMA diagram



3.1.1 Study general characteristic

A final list of 60 studies was selected in the scoping review (Table 3). Of the 60 studies extracted and analyzed in this scoping study, 25 were focused on Japan, 16 on Hong Kong, and only eight looked at the case of Singapore (including three which focused on ASEAN); the remaining 11 were about the health and social security systems in the Philippines for OFWs. Among the papers, 55 (91.67%) were journal articles and book chapters while five were policy briefs/reports submitted to government or international institutions. There were 46 qualitative papers, which examined migrant health (1,16,18, 20-24, 30-37, 39- 47, 51, 52, 55, 58, and 60); migrant rights, agency, and activism (6, 17, 27, and 38); migrant networks (7, 11, and 14); migrant social protection/welfare (8,9, 48-50, 53, 54, 56, and 57); and migrant experiences (19). Eight were policy reviews (2, 3-5, 10, 12, 13, and 15); five papers were literature reviews on migrant welfare (25, 27, 28, 29, and 59); and there was one quantitative study that looked at migrant health-seeking behavior.

Table 3. Summary of the 60 selected papers

		Title	Year published	Country in which the study conducted	Field of Study	Research Methods
1	Jia Wei Ang, Calvin J Koh, Brandon WB Chua, Shyamala Narayanaswamy , Limin Wijaya, Lai Gwen Chan, Ling Ling Soh, Wei Leong Goh, Shawn Vasoo	Are migrant workers in Singapore receiving adequate healthcare? A survey of doctors working in public tertiary healthcare institutions	2020	Singapore	Migration and health	Case report
2	Aniceto Orbeta, Jr.	Migrant Workers and Social Protection: The Philippine Experience	2016	Philippines	Policy Studies	Case report
3	Andy Hall	Migrant workers and social protection in ASEAN: Moving towards a regional standard?	2012	Other: ASEAN	Migration, Migrant Social Protection	Other: Policy review
4	Robert Holzmann and Yann Pouget	Social Protection for Temporary Migrant Workers: Conceptual Framework, Country Inventory, Assessment and Guidance	2010	Other: General	Migration	Other:

5	Neil G. Ruiz Dovelyn Rannveig Agunias	Protecting temporary workers: migrant welfare funds from developing countries	2008	Philippines	migration and development	Case report
6	Michele Ford Nicola Piper	Southern sites of female agency: Informal regimes and female migrant labour resistance in East and Southeast Asia	2007	Other: East and Southeast Asia		Other:
7	Ron Bridget T. Vilog, Carlos M. Piocos III	Community of Care Amid Pandemic Inequality: The Case of Filipino Migrant Domestic Workers in the UK, Italy, and Hong Kong.	2021	Hong Kong	Migrant experience	Qualitative research
8	Jeremiah M. Opiniano	International migration as social protection mechanism in the Philippines: Issues and implications	2010	Philippines	Migrant social protection	Other: Not specified
9	Rachel Sabates-Wheeler and Myrtha Waite	Migration and Social Protection: A concept paper	2003	Other: A general article on migration and social protection	Development Studies	Case report

10	Nathan R. Blank	Making migration policy: reflections on the Philippines' bilateral labor agreements	2011	Japan	migration, policy	Case report
11	Anderson Villa	Civic Association and the Filipino Irregular Migrants in Japan.	2021	Japan	Migration	Case report
12	Tabuga, Aubrey D. Vargas, Anna Rita P. Mondez, Maria Blesila D.	Analyzing Filipino migrant workers' access to social protection	2021	Philippines	Social protection	Other: Secondary analysis of the National Migration Survey
13	Gloria Pasadilla	Social security and labor migration in ASEAN	2011	Other: ASEAN	Labor Migration	Other: Policy brief
14	Angelo Christianne Arriola	The Role of Kyoto Catholic Diocese in Providing Social Services to Filipino Migrants in Japan	2015	Japan	Migration Studies	Other: archival research, in-depth interviews
15	Rene E. Ofreneo, Isabelo A. Samonte	Empowering Filipino migrant workers: Policy issues and challenges	2005	Other: Japan, Hong Kong	Migrant research	Cross sectional study
16	Sumi Shin	NEWCOMER MIGRANTS: IMPLICATIONS FOR JAPAN'S ADMINISTRATION OF SOCIAL	2001	Japan	Migration and Healthcare	Text and opinion

		SERVICES AND NATIONALITY				
17	Brenda S. A. Yeoh, Charmian Goh, and Kellynn Wee	Social Protection for Migrant Domestic Workers in Singapore: International Conventions, the Law, and Civil Society Action	2020	Singapore	Migration and social protection	Other: Policy review
18	David Chun Yin Li Ling Leung	Psychometric data on knowledge and fear of coronavirus disease 2019 and perceived stress among workers of Filipino origin in Hong Kong.	2020	Hong Kong	Covid-19, stress	Cross sectional study
19	Sophie Henderson	State-Sanctioned Structural Violence: Women Migrant Domestic Workers in the Philippines and Sri Lanka.	2020	Hong Kong	Migrant rights	Other: Triangulation (interviews + document analysis)
20	Nelson C. Y. Yeung, Bishan Huang, Christine Y. K. Lau, Joseph T. F. Lau	Finding the Silver Linings in the COVID-19 Pandemic: Psychosocial Correlates of Adversarial Growth Among Filipina Domestic Helpers in Hong Kong	2022	Hong Kong	Migrant Mental Health	Cross sectional study

21	Christopher Bagley, Susan Madrid and Floyd Bolitho	Stress factors and mental health adjustment of Filipino domestic workers in Hong Kong	1997	Hong Kong	Mental health, domestic workers	Cross sectional study
22	Melvin A. Jabar	Factors influencing health-seeking behavior among overseas Filipino workers	2019	Other:	Health-seeking behaviors	Quantitative research
23	S. G. Anjara, L. B. Nellums, C. Bonetto, and T. Van Bortel	Stress, health and quality of life of female migrant domestic workers in Singapore: A cross-sectional study	2017	Singapore	Migration and Women's Health	Cross sectional study
24	Floor Christie-de Jong and Siobhan Reilly	Barriers and facilitators to pap-testing among female overseas Filipino workers: a qualitative exploration	2020	Other: Singapore, HK, Kuwait and Qatar	Migrant Health	Other: Mixed methods: cross-sectional survey, qualitative interviews
25	Md. Mohsin Reza Thirunaukarasu Subramaniam M. Rezaul Islam	Economic and Social Well-Being of Asian Labour Migrants: A Literature Review	2019	Other:	economic well-being, social well-being	Other: Literature review
26	Ken Hok Man Ho1 Chen Yang Alex Kwun Yat Leung	Peer Support and Mental Health of Migrant Domestic Workers: A	2022	Other:	migrant domestic workers	Systematic review

	Daniel Bressington Wai Tong Chien Qijin Cheng Daphne Sze Ki Cheung	Scoping Review				
27	Stacey Yuen Xin Er and Anju Mary Paul	The Workplace-Entitlements Knowledge of Filipino and Indonesian Domestic Workers in Singapore	2020	Singapore	Migration	Quantitative research
28	Ramon Lorenzo Luis R. Guinto, Ufara Zuwasti Curran, Rapeepong Suphanchaimat and Nicola S. Pocock	Universal health coverage in 'One ASEAN': Are migrants included?	2015	Other: ASEAN	Migrant health	Systematic review
29	Ma. Esmeralda C. Silva, Ma-Ann M. Zarsuelo, Zenith D. Zordilla, Leonardo R. Estacio Jr., Michael Antonio F. Mendoza, Carmencita D. Padilla,	Policy analysis on the mental health needs of overseas Filipino workers: Addressing gaps through evidence-based policy reform	2020	Other:	mental health	Systematic review
30	Roger Yat-Nork Chung Jonathan Ka-Long Mak	Physical and Mental Health of Live-In Female Migrant Domestic Workers: A Randomly Sampled Survey in Hong Kong	2020	Hong Kong	physical and mental health	Cross sectional study

31	M. Bandyopadhyay J. Thomas	Women migrant workers' vulnerability to HIV infection in Hong Kong		Hong Kong	Women migrant workers, HIV	Cross sectional study
32	Eleanor A. Holroyd Ruth E. Taylor-Piliae Sheila F. Twinn	Investigating Hong Kong's Filipino domestic workers' healthcare behavior, knowledge, beliefs and attitudes towards cervical cancer and cervical screening	2003	Hong Kong	cervical cancer, cervical screening	Cross sectional study
33	Ken Hok Man Ho, Graeme Drummond Smith	A discursive paper on the importance of health literacy among foreign domestic workers during outbreaks of communicable diseases	2020	Hong Kong	Migrant health literacy	Other: Discursive Paper
34	Carlos M. Piocos III Ron Bridget T. Vilog Jan Michaekl Alexandre C. Bernadas	Interpersonal Ties and Health Care: Examining the Social Networks of Filipino Migrant Domestic Workers in Hong Kong	2022	Hong Kong	health, social network	Qualitative research
35	Jan Michael Alexandre C. Bernadas Crystal Jiang	“Of and beyond medical consequences ”: Exploring	2015	Hong Kong	health, domestic workers	Qualitative research

		health information scanning and seeking behaviors of Filipino domestic service workers in Hong Kong				
36	Anju Mary Paul, Pearlyn Neo	Am I allowed to be pregnant? Awareness of pregnancy protection laws among migrant domestic workers in Hong Kong	2017	Hong Kong	Migrant Rights Awareness	Other: Mixed Method (Survey + Follow-up conversation
37	Gilbert T. Chua, Cheung Lok Yan, Wilfred HS Wong, Siddharth Sridhar, Kelvin KW To, Joseph Lau, Sharmila Gurung, Shalini Mahtani, Raymond Ho, Wing Sum Li, Jason CS Yam, Jaime S Rosa Duque, Ian C K Wong, Yu Lung Lau, Mike Yat Wah Kwan and Patrick Ip	COVID-19 vaccine acceptance and hesitancy among ethnic minorities in Hong Kong	2022	Hong Kong	COVID-19	Cross sectional study
38	Erica Paula Sioson	Uneven Integration: Local Government Integration Policies and Filipino Residents in	2017	Japan	Migration	Other: Mixed methods

		Nagoya City, Japan				
39	Jiro Otsuru, Masayuki Ueno, Kayoko Shinada, Vladimir W. Spolsky, Carl A. Maida, and Yoko Kawaguchi	A comparative study of oral health status in a Migrant / Japanese sample	2006	Japan	Migration and healthcare	Quantitative research
40	Ryuichi Komatsu and Takashi Sawada	The role of international migration in infectious diseases: The HIV epidemic and its trends in Japan	2007	Japan	Globalization, Immigration, Disease	Systematic review
41	Mari Kinoshita, Shinichi Oka	Migrant patients living with HIV/AIDS in Japan: Review of factors associated with high dropout rate in a leading medical institution in Japan	2018	Japan	Migration, Healthcare	Case series
42	Kosuke Yasukawa, Takashi Sawada, Hideki Hashimoto, Masamine Jimba	Health-care disparities for foreign residents in Japan	2019	Japan	Migration and Healthcare	Text and opinion
43	Youji Takubo, Takahiro Nemoto, Momoko Iwai, Minako Kashima, Eriko Yamaguchi, Akiko Maruyama, Sachio Miura, Hisaaki Saito,	Demographic and clinical characteristics of foreign nationals accessing psychiatric services in Japan: a multicentre study in a	2020	Japan	Migration and Mental Healthcare	Systematic review

	Naohisa Tsujino, and Masafumi Mizuno	metropolitan area				
44	Michiyo Higuchi, Maki Endo, Asako Yoshino	Factors associated with access to health care among foreign residents living in Aichi Prefecture, Japan: secondary data analysis	2021	Japan	Migration and Healthcare	Other: Secondary data analyses
45	Yasuko Nagamatsu, Edward Barroga, Yumi Sakyo, Yukari Igarashi and Yuko Hirano O.	Risks and perception of non-communicable diseases and health promotion behavior of middle-aged female immigrants in Japan: A qualitative exploratory study	2020	Japan	Migration, Female Healthcare	Other: Mixed methods (quantitative and qualitative)
46	Chiara Berardi Eun Su Lee Heidi Wechtler Francesco Paolucci	A vicious cycle of health (in)equity: Migrant inclusion in light of COVID-19	2022	Japan	migration and health	Qualitative research
47	Lisa Kawatsu, Kazuhiro Uchimura, Akihiro Ohkado, and Seiya Kato	Pulmonary tuberculosis and non-recent immigrants in Japan - some issues for post-entry interventions	2017	Japan	Migration and healthcare	Cross sectional study
48	Toake Endoh	The politics of Japan's immigration	2019	Japan	Immigration and social welfare policy	Other: Secondary qualitative

		and alien residence control				and data analysis
49	Kyunghwan Kim	An intersection of East Asian welfare and immigration regimes: The social rights of low-skilled labour migrants in Japan and Korea	2021	Japan	Migration, Social Rights and Welfare	Case report
50	Tami Saito, Ichiro Kai, Ayako Takizawa	Effects of a program to prevent social isolation on loneliness, depression, and subjective well-being of older adults: A randomized trial among older migrants in Japan	2012	Japan	Migration and Mental Health	Cross sectional study
51	Sachiko Kita, Mariko Minatani, Naoko Hikita, Masayo Matsuzaki, Mie Shiraishi, Megumi Haruna	A Systematic Review of the Physical, Mental, Social, and Economic Problems of Immigrant Women in the Perinatal Period in Japan	2015	Japan	Female Migration, Healthcare	Systematic review
52	Hiroyuki Kiyohara, Yuko Teshima, Haru Angelique Hoshino, Miwa Kanda, Sadatoshi Matsuoka, Azusa Iwamoto	Three myths of disseminating COVID-19 information to vulnerable migrants in Japan: lessons learned during the pandemic	2022	Japan	Migration, Risk Communication	Cross sectional study

	and Masami Fujita					
53	Jocelyn O. Celero	Settling for Welfare? Shifting Access to Welfare, Migration and Settlement Aspirations of Filipina Single Mothers in Japan	2021	Japan	Migration and Social Policy	Qualitative research
54	Maria Luisa Tumandao Uayan, Sayuri Kobayashi, Masayo Matsuzaki, Erika Ota, Megumi Haruna, Sachiyo Murashima	Mothering and acculturation: Experiences during pregnancy and childrearing of Filipina mothers married to Japanese	2009	Japan	Female Migration	Qualitative research
55	Yukari Igarashi, Shigeko Horiuchi, Sarah E. Porter	Immigrants' experiences of maternity care in Japan	2013	Japan	Migration and Healthcare Communicatio n	Cross sectional study
56	Jocelyn O. Celero	In Fulfillment of Motherhood: An Exploratory Study of Migrant Mothers on Welfare in Japan	2014	Japan	Migration and Social Policy	Qualitative research
57	Stephanie Paillard-Borg and David Hallberg	The Other Side of the Mirror: An Analytic Journalistic Approach to the Subjective Well-Being of Filipino	2018	Japan	Female Migration, Social Welfare	Other: Analytic Journalistic Approach

		Women Migrant Workers in Japan				
58	Jan Michael Alexandre C. Bernadas, Carlos M. Piocos III and Ron Bridget T. Vilog	Communicative processes for health activism: the case of organizations working with filipina migrants in Japan	2019	Japan	Migration and Health Communication	Qualitative research
59	Russell Miller, Yuri Tomita, Ken Ing Cherng Ong, Akira Shibanuma, Masamine Jimba	Mental well-being of international migrants to Japan: a systematic review	2019	Japan	Migration, Social Welfare	Systematic review
60	Asako Yoshino, Reginald B Salonga and Michiyo Higuchi	Associations between social support and access to healthcare among Filipino women living in Japan	2021	Japan	Migration and Healthcare	Cross sectional study

3.1.2 Migrant health and social security systems in Japan, Hong Kong, Singapore and the Philippines

The scarcity of studies investigating the health and social security systems literacy of Filipino migrant workers in East Asia is staggering given the fact that the region hosts one of the largest communities of Filipino migrant workers in the world. In this section, we highlight two themes from the survey of related literature: 1) migrant healthcare and social security systems in Japan, Hong Kong, Singapore and the Philippines. It examines how the systems function to enable and/or constrain migrant workers' access and literacy in general; and 2) the healthcare and social security systems literacy of Filipino migrant workers. Thereafter, the research elucidates current scope of knowledge on the health and social security regimes for OFWs. The discussion also identifies the gaps in the current scope of knowledge on migrants' literacy concerning health and security regimes in Japan, Hong Kong, and Singapore.

3.1.2.1. *Japan's health system*

Extant literature shows that the prevailing healthcare system in Japan reflects ongoing health disparities between Japanese and non-Japanese residents primarily due to Japan's restrictive migration policies. Because of their short-term, temporary stay in the country, migrants'

healthcare is less sustained compared to Japanese citizens in battling various diseases and afflictions. For example, Komatsu and Sawada's (2007) work reveals a higher prevalence of HIV among migrants than among Japanese citizens; the former tend to be uninsured in comparison to the latter and are therefore unable to receive diagnosis, counseling, and treatment. At the same time, however, migrants are discouraged from getting treatment because of the lack of adequately trained medical personnel who can attend to the needs of multilingual patients. It is then no wonder why in Kinoshita and Oka's (2018) article that there is a higher dropout rate for migrant patients with HIV/AIDS who sought medical care in hospitals compared to their Japanese counterparts.

The situation is similar to those who are grappling with mental and dental health issues. Takubo and his colleagues (2020) found that Chinese, Filipino, Korean and Brazilian migrants are less likely to seek mental health care services or do not have access to it, even though they are at risk of mental illness. Meanwhile, Otsuru et al.'s (2006) comparative study revealed that the oral health of Filipino, Korean, Thai and Brazilian Nikkei migrants were in worse condition than that of the Japanese because of the health support system that limits access to oral health support among temporary migrants, and their overall oral self-care behavior that is affected by the nature of their employment in Japan.

To understand the factors behind this, Higuchi and his team (2021) assess foreign residents' healthcare consultation activities from 2012 to 2016 to see barriers to accessing the health system. The survey among 608 participants yielded that although the majority were insured, 30 percent of them were advised to visit a medical facility, which implies that they were reluctant, or did not have access to formal healthcare before the free medical consultations. The uninsured and the unemployed were highlighted to be the most vulnerable (Higuchi et.al. 2021). Shin (2001) evaluates that it is through these restrictive policies that limit access to low-cost health care that the Japanese state has discouraged the entry and retention of newcomer migrants within the country (Shin 2001) although it also affects the elderly, oldcomer migrants.

Kawatsu and his associates (2017) found that non-recent migrants, such as Filipinos, Chinese, and Koreans who have been living in Japan for more than five years, aged 65 years old and above, were more susceptible to pulmonary tuberculosis than recent migrants. Worth noting was that they were at a higher risk to homelessness and being on welfare assistance programs though this does not mean that they undergo treatment for it. (Kawatsu et. al. 2017). It seems that when dealing with elderly migrants, the community to which they belong matters in their healthcare treatment. Saito, Kai and Takizawa (2012) looked into programs that cater to elderly migrants' mental health and saw that the effectiveness of these programs relied on community resources and adjusting it to fit the specific needs of the individual and the elderly migrant residents of the community.

Gender is another dimension of health inequities between Japanese and migrant workers apart from ethnicity, age, and period of stay in Japan. For instance, Kita and his colleagues' systematic review (2015) listed the following barriers to maternity healthcare that immigrant perinatal women in Japan experience: 1) language barriers, 2) bad relationship with a partner, 3) illegal residency, 4) distress from adjustments, 5) lack of services and social support, 6) economic problems, 7) discrimination and 8) unsatisfactory healthcare, among others. Igarashi, Horiuchi, and Porter's 2013 study also provides valuable insight into immigrants' experiences of maternity care in Japan. Surveying 804 migrant women from 16 hospitals across Japan, the study found that competence in the Japanese language was the primary determinant in the

women's loneliness and care satisfaction. Language proficiency allows these women to express their concerns and receive medical advice from healthcare professionals.

The study further emphasized that the Japanese language ability was likely to enable communication between the women and healthcare professionals, which then lessens the likelihood of these women experiencing adequate maternity care in Japan. At the same time, healthcare professionals need to be aware of the cultural differences while recognizing that migrant women require the same amount of care as Japanese women do (Igarashi et al. 2013). Uayan and his team (2009) reaffirmed this point in their qualitative study of Filipino mothers in Japan, which concluded that these women experienced cultural barriers during pregnancy and childrearing, urging the establishment of better communication lines with migrant mothers to promote healthy pregnancy and childrearing.

Regardless of gender and the recentness of migration, migrant experiences reiterate the importance of language in healthcare based on extant literature. Yasukawa, Sawada, Hashimoto, and Jimba (2019) support this claim by highlighting the role of medical interpretation services in bridging the healthcare gap between migrants and Japanese citizens. Given that not all migrants have Japanese language proficiency, the Japanese state must acknowledge this limitation and adjust its policies to fit the needs of its migrants, not just for their welfare, but also for ensuring social cohesion within its multicultural society as a whole.

A case in point is the Covid-19 pandemic. A study conducted by Kiyohara and his associates (2022) did a study on information dissemination during the 2020 pandemic on various migrant populations, including Filipinos. By conducting several trial-and-error methods, this research concluded that more than just the language itself to ensure accessibility, future studies should utilize interactive approach and pursue partnerships with online communities in order to reach the target migrant audience when disseminating health information. This result suggests going beyond providing multilingual services by utilizing interactive means to ensure clear online communication with migrant communities.

3.1.2.2 *Japan's social security system*

While only two out of the 25 articles reviewed focused solely on the social security system in Japan, the discussion on social services often overlaps with healthcare provisions for both Japanese and migrants. Japan's social security system emerges from both inevitable structural changes and continuities that have influenced the state's delivery of information and services for migrant workers.

Drawing a comparison between the development of welfare and immigration policies of Japan and South Korea for their low-skilled migrants, Kim (2021) acknowledges the socioeconomic challenges that grapple Japan, which forced it to rely on labor migrants and strained their welfare system. For the longest time, the state has been advancing individual self-help and support from family and from private employers rather than the state for financial assistance. These norms have persisted despite some social welfare reforms that target increased labor productivity and economic development. During the Abe regime, for instance, Endoh (2019) shows the contradictory state response of outsourcing temporary migrant labor, while minimizing the social costs of integrating them by restricting access to welfare and permanent residency (Endoh 2019). This paradox is reflected in migrant workers' use of national health insurance, national pension, and public assistance. Low-skilled migrants receive the brunt of restrictive welfare policies through, for instance, strict social security tax and medical insurance

collection. Ultimately, local governments instead of the central Japanese government (Endoh 2019) attended social provisions for migrants. Kim (2021) also concludes that ethnic differentiation is an enduring feature of Japan's social security system, giving preferential treatment to certain migrants in relation to welfare rights. The Nikkeijin, or ethnic Japanese migrants, for instance, enjoy more welfare rights because of their long-term residence compared to the non-ethnic Japanese technical interns who may only stay in Japan for the short term. These low-skilled migrants' rights to social welfare are limited to health and compensation insurance, as well as national pension (Kim 2021).

3.1.2.3 *Hong Kong's health system*

Of the 16 papers analyzed for the study, 14 studies focused solely on MDWs. The remaining two were about OFWs in Hong Kong in general, but still mostly highlighted the domestic worker experiences. This reflects how most OFWs in the city are from the domestic work field.

Nine studies discussed the physical and mental health status of MDWs in Hong Kong (Bagley et al. 1997; Bandyopadhyay and Thomas 2002; Bernadas and Jiang 2016; Christie-de Jong and Reilly 2020; Chung and Mak 2020; Holroyd et al. 2003; Li and Leung 2020; Paul and Neo 2018; Yeung et al. 2022).

There was a focus on the negative health status among MDWs. A study indicated that the health status of MDWs was poorer than that of Hong Kong locals (Chung and Mak 2020). Their health status was related to sadness for being away from their family and friends in the Philippines, and feeling worried or having relational problems with their left-behind partners, children, and other relatives (Bagley et al. 1997). Their health status was likewise connected with inferior employment conditions (e.g., delayed salary, conflicts with the employer), lack of rest day, unconducive living accommodations, the experience of discrimination, the experience of physical, verbal, or sexual abuse, and having debts (Bagley et al. 1997; Bandyopadhyay and Thomas 2002; Chung and Mak 2020). Of the nine studies, four found that MDWs' health status was affected by the pandemic (Bernadas and Jiang 2016; Ho and Smith 2020; Li and Leung 2020; Yeung et al. 2022). Their dependence on their employers in terms of work and living conditions became more pronounced, which also meant greater job insecurity (Yeung et al. 2022). They were required to go out of the house more often in lieu of the employers stepping out into public spaces themselves though not necessarily with provision for essential protective items like masks, thereby making them at greater risk for Covid-19 infection (Bernadas and Jiang 2016). There were more cleaning tasks to do and more mobility restrictions to follow, which meant losing their 1 day off and diminishing their chances of socializing with peers (Bernadas and Jiang 2016; Ho and Smith 2020; Yeung et al. 2022). Thus, there were worse mental health outcomes; many experienced depression, anxiety, work pressure, and work stress (Yeung et al. 2022). Another source of fear is having known a lot about the Covid-19 virus (Li and Leung 2020).

In terms of sexual health, findings from four studies showed MDWs were at risk for diseases or unplanned pregnancy (Bandyopadhyay and Thomas 2002; Christie-de Jong and Reilly 2020; Holroyd et al. 2003; Paul and Neo 2018). Studies showed that only 44-65.5 percent used contraceptives (Bandyopadhyay and Thomas 2002; Holroyd et al. 2003) even when most (90%) were sexually active (Holroyd et al. 2003). In terms of testing, 61 percent underwent testing for pregnancy, 55.2 percent had tested for HIV/AIDS, and 43.1 percent of the patients were tested for other sexual health-related diseases (Bandyopadhyay and Thomas 2002). Less than half had a prior cervical smear (Holroyd et al. 2003). However, test results for various

diseases do not always reach the MDWs as these go directly to their employers instead (Bandyopadhyay and Thomas 2002).

On the flipside, three studies also investigated characteristics that enabled better health status among MDWs. It was found that those with regular contact reported better health status with peers or Filipino community, those who engaged in religious activities, and those who found fulfillment at work (Bagley et al. 1997; Chung and Mak 2020). Similarly, better health status was found among certain demographics, like those with greater work experience in Hong Kong, had no dependents, had higher educational attainment, were adept at the Cantonese language, were doing well financially (e.g., had higher earnings, not working out of necessity, sent remittances consistently), and were able to visit the Philippines regularly (Bagley et al. 1997; Chung and Mak 2020). In terms of sexual health, most (83%) of those who had pap smear had normal results (Holroyd et al. 2003). During the pandemic, those who received emotional and material support, and those who engaged in religious coping, positive reframing, and acceptance (Yeung et al. 2022) experienced better health status.

3.1.2.4 *Hong Kong's social security system*

Three studies described how aspects of the social security system in Hong Kong are favorable for MDWs (Ford and Piper 2007; Ofreneo and Samonte 2005; Vilog and Piocos 2021). First, MDWs are covered by Hong Kong's employment ordinance. This means MDWs are entitled to their basic rights and protection as workers, including their wages and leave entitlements, just like other workers in the city (Ford and Piper 2007). Second, the Hong Kong government has tolerance for pro-foreign worker activism (Ford and Piper 2007). Third, helping hone this landscape are informal channels like migrant worker organizations, NGOs, and transnational networks (Ford and Piper 2007). An example of a migrant worker organization is the Kabayan Migrant Services Foundation with programs like financial literacy education, capital buildup fund, and the Migrant Savings for Alternative Investments Program (Ofreneo and Samonte 2005). Lastly, transnational networks of OFWs helped push for the passage of the Absentee Voting Rights Law, which gave OFWs the right to participate in the national elections of the Philippines even from abroad (Ford and Piper 2007).

During the pandemic, it was noted that political activism also happened through care work (Vilog and Piocos 2021). That is, migrant leaders used their connections with government agencies and NGOs to advocate for and to advance MDWs' health and social concerns.

The surveyed literature also highlighted the limits to Hong Kong as a favorable migrant destination area; four studies discussed related issues (Ford and Piper 2007; Henderson 2020; Ofreneo and Samonte 2005; Vilog and Piocos 2021). First, there is precarity of work (Ford and Piper 2007) as MDWs are subject to class discrimination (Ofreneo and Samonte 2005). They are not allowed to become permanent workers in Hong Kong and could not enter other industries (Ford and Piper 2007). They also have a two-week rule, meaning after termination, they need to leave Hong Kong within two weeks (Ofreneo and Samonte 2005). Consequently, some MDWs are forced to use irregular migration pathways that are sans government protection and support (Henderson 2020). That is, some MDWs overstay or work with multiple employers rendering them illegal in status (Ford and Piper 2007). MDWs' precarious situation worsened during the pandemic, due to greater mobility restrictions, contract violations in terms of unpaid overtime work, and more rampant contract termination (Vilog and Piocos 2021). They were also excluded from the government's financial support (Vilog and Piocos 2021).

Second, barriers hound MDWs and their social security-related help-seeking capacity. It is commonplace for some to have many debts, which are typically due to high placement fees and to remit most of their salary to their families back home (Ofreneo and Samonte 2005). These are linked to non-participation in savings programs as they are left with little to save or invest (Ofreneo and Samonte 2005). Further, when legal recourse is needed such as during unlawful termination, they do not have the means to fund the legal process like hiring lawyers (Ford and Piper 2007). There are also barriers in terms of receiving support from the Philippine Consulate in Hong Kong (Ofreneo and Samonte 2005), which is one of the few formal sources of support they can tap. The lack of money makes it difficult for them to pay for the processing of documents (Ofreneo and Samonte 2005). Their long work hours spells limited time to go to the Consulate (Ofreneo and Samonte 2005). The Consulate is also limited in terms of manpower and capacity to monitor OFWs, which are further dampened by the perception of their lack of professionalism and competence (Henderson 2020; Ofreneo and Samonte 2005). During the pandemic, the inaccessibility of the Consulate was exacerbated due to restrictions with in-person work hours and of the Consulate's hotlines (Vilog and Piocos 2021).

Third, while there is political activism in Hong Kong, the local people are considered aloof to MDWs' concerns (Ford and Piper 2007). This is because if MDWs succeed in bargaining for higher wages, local people's ability to hire and pay for MDWs would be affected, which could then spell the end to Hong Kong women's capacity to work outside the home (Ford and Piper 2007). This would then have implications for their household income.

3.1.2.5 Singapore's *health and social security system*

While there is a considerable number of studies dealing with migrant workers in Singapore, very few have focused on the health and social security policies and programs for migrant workers in Singapore, although they may be mentioned in a few papers. For example, studies on MDWs in Singapore often highlight the required biannual (every six months) medical screening for pregnancy, HIV and other diseases, as well as the ban on marrying citizens and permanent residents (Choi and Lyon 2012; Lam et al. 2006; Wong 1996; Yeoh 2006; Yeoh and Chang 2001). Yet, the focus of these studies are other subjects (e.g., reliance of Singapore on domestic workers for private care for the elderly). A notable exception is Yeoh, Goh, and Wee's (2020) recent paper on the social protection for MDWs in Singapore where they examined the shifts in institutional practices aimed at reducing the vulnerabilities faced by MDWs in the past decade. They called attention to litigation of abuses and the role of NGOs in asserting migrant rights such as mandatory off-days. In this vein, Yuen and Paul (2020) underlined the roles of the state and civil society in pursuing a variety of channels to disseminate relevant information in order to increase the rights awareness of migrants.

Among the surveyed literature are reviews of ASEAN member countries' policies on migrant health and social protection. Social security in Singapore is based on nationality and visa category, with only citizens and permanent residents eligible for most of this protection, healthcare included. While there is state-mandated employer-financed medical insurance for low-wage foreign workers in Singapore (e.g., Work Permit holders), they remain excluded from laws that ensure their social protection (Hall 2012).

ASEAN's Declaration on the Protection and Promotion of the Rights of Migrant Workers signed in 2007 warrants the understanding of how ASEAN member states have paid attention to the health and social security protection of foreign laborers. The most recent study found in the scoping review that looks at this issue is the work of Guinto, Curran, Suphanchaimat, and

Pocock (2015). In their paper, they noted how Singapore has yet to include its migrant workers in the government-run Universal Health Coverage (UHC) systems. Pasadilla and Abella (2011), in their study on the social protection of migrant workers in the Association of Southeast Asian Nations (ASEAN), argue that the portability of social benefits, including healthcare, is among the major factors that shape migration-related decisions of foreign workers. At present, the (non-)portability of migrant social security benefits remains a big concern in the region. Singapore also does not have any bilateral or multilateral social security agreements with the origin countries of its foreign labor (Hall 2012; Yeoh, Goh and Wee 2020). The importance of looking at these issues cannot be understated. If indeed, ASEAN aims at greater regional prosperity, it must address the tighter implementation of the Declaration and inclusion of migrant health and social security benefits as basic human rights.

3.1.3 Healthcare and social security systems literacy of Filipino migrant workers in East Asia

3.1.3.1 *Japan*

Much about what has been reviewed in the Japanese context that focuses on the case of Filipino migrant workers, in particular, examines their *access* to available health and social services, conflating literacy and access. These studies reiterate that Filipinos' low Japanese language proficiency, socio-economic category, and lack of knowledge hinder them from availing consultation, treatment, and social services.

According to Sioson (2017), low-skilled Filipino migrants living in Nagoya City, around 96 percent of her 459 respondents, have access to either the National Health Insurance or the Employee's Health Insurance. Because they are low-skilled workers, the nature of their employment does not make them eligible for the latter type of insurance so they pay NHI dues to the municipality for their health insurance. However, less than half of these Filipino migrants visit the hospital for medical care. They reported difficulty because of language barriers and a lack of knowledge of the health system. Sioson (2017) did conclude that ethnic social networks played a part in coping with Filipino migrant workers' marginalization in the health system in the sense that they already knew someone who was living in Japan and gave them financial, emotional, and psychological support. They credit their social networks for successfully finding employment as well as housing, as personnel commendations were common among the low-skilled Filipino migrants. (Sioson 2017).

The plight of divorced, working Filipino mothers, meanwhile, are just as complicated, resulting in the gendered nature of the social support they receive from the Japanese government. For instance, Celero (2014), whose study of 30 Filipino migrant women, emphasizes the importance of *seikatsu hogo*, a type of or public assistance from the municipal government in alleviating the social and economic hardships of leading a family as a single parent in Tokyo. Initially, only Japanese citizens could avail of this subsidy, but the local governments decided to include struggling migrants as well from 1954 out of humanitarian reasons (Celero 2014). *Seikatsu hogo* helps migrants maintain minimum living standards on eight living expenses that cover food, clothing, and utilities; housing; compulsory education; medical care; elderly care; skill training; cost for giving birth; and funeral costs (Celero 2021). Access to this support, however, has produced contrasting perceptions among Filipinos; some women view receiving this type of support as degrading, while others view it as a means for socio-economic empowerment in the absence of a male breadwinner. In a later 2021 article, Celero reaffirms that divorce and single parenthood leave these women in their most vulnerable state. As they rely on different welfare assistance programs at various stages of migrant family life, Filipino

migrant women find ways to improve their socio-economic standing, such as seeking legal status and residency through full-time employment and balancing work and family life, to gradually erase the negative connotations attributed to single motherhood (Celero 2021).

Not all Filipino migrant workers have access to legal status and permanent residency. When the state 'fails' to provide adequate welfare assistance to migrants due to their undocumented and precarious conditions, non-state actors such as civil society groups take on this role. Though their influence in policymaking is limited, these supporting agents serve as social networks that offer information and different types of support whenever necessary. Most of Villa's (2021) respondents avoided hospital care and sought self-medication when confronted with a health issue due to fear of deportation prior to support from NGOs. Hence, their presence is vital. They cited that they were also fearful of high medical costs and so they rather undergo risky, unprofessional treatments at the hands of compatriots in Japan. They also reasoned a lack of coverage from a health insurance scheme and a lack of knowledge of Japan's medical systems, possibly due to a lack of Japanese language proficiency skills (Villa 2021). The study also presented the idea that these civil society groups serve as "buffer zones" that absorb these individual cases when the state could not. The ways in which these groups can help is by providing them with limited access to healthcare assistance and free counseling services. (Villa 2021). Likewise, Yoshino, Salonga, and Higuchi (2021) support that notion as Filipinos with support networks were more likely to have access to healthcare support.

3.1.3.2 *Hong Kong*

There were four existing literature on MDWs' literacy. One study described how pandemic-related restrictions on mobility also limited their resources to seek, find, and obtain health information (Ho and Smith 2020).

The remaining three studies focused on sexual health (Bandyopadhyay and Thomas 2002; Holroyd et al. 2003; Paul and Neo 2018). In terms of cervical cancer, it was acknowledged to be a serious disease that would affect their work, social life, and family (93% of the participants in a study), and a pap smear allows for early detection of cervical cancer (91%) (Holroyd et al. 2003). Having a prior pap smear is linked to greater knowledge about this testing procedure and cervical cancer (Holroyd et al. 2003). There were false understandings though. Almost 80 percent thought that a pap smear could detect uterine cancer; a third believed a pap smear every three years was good enough, and 30 percent opined that they could be infected after a pap smear (Holroyd et al. 2003). Only 74 percent believed that it could be cured when detected early and only 37 percent knew that a pap smear had to start after first intercourse (Holroyd et al. 2003).

Another study looked into pregnancy and found that pregnancy was tied to promiscuity unless they were married to the father of the baby (Paul and Neo 2018). Otherwise, pregnancy is immoral, an inconvenience, and a sign of their failure in portraying their breadwinning role (Paul and Neo 2018). Further, only 33 percent were aware that their employers could not terminate them if they got pregnant, with some pointing to employers' discretion to fire them. The longer the duration in working in Hong Kong though, the higher the awareness of their rights regarding wrongful termination due to pregnancy (Paul and Neo 2018).

MDWs also had low HIV/AIDS literacy levels (Bandyopadhyay and Thomas 2002). Longer duration of stay in Hong Kong was linked to the reported availability of support services related

to HIV/AIDS, though it was also associated with greater knowledge regarding HIV testing (Bandyopadhyay and Thomas 2002).

In terms of access to healthcare, findings showed that the majority (66%) of MDWs in Hong Kong had medical insurance, but this also means that a good number had no medical insurance (34%) despite it being a requirement by law (Bandyopadhyay and Thomas 2002). They had medical check-ups but only 66 percent saw their test results (Bandyopadhyay and Thomas 2002).

MDWs sought healthcare information for two purposes: first is treatment-related or how to cure symptoms they are experiencing, and second was prevention-related or about nutrition and herbal supplements (Bernadas and Jiang 2016). Most of the time, they sought healthcare information for themselves though also do this for others as well (Bernadas and Jiang 2016).

Three studies focused on health sources of MDWs (Bernadas and Jiang 2016; Chua et al. 2022; Piocos, Vilog, and Bernadas 2022). There were two types of health resources that could facilitate health-care seeking and literacy: professional and nonprofessional resources (Piocos et al. 2022). Professional sources include doctors and nurses (Bernadas and Jiang 2016).

However, MDWs have more nonprofessional resources. This could be formal networks, such as the Hong Kong government, whose online information was found to help boost vaccine acceptance (Chua et al. 2022). Others are non-government or migration organizations, which provide them with health counseling, medical advice, referrals to government agencies, and psycho-emotional support (Piocos et al. 2022). Churches are another formal network, which gives OFWs the motivation to care for their health as a response to God's will (Piocos et al. 2022).

Other nonprofessional resources are informal, such as employers, peers, family, and the media. MDWs' employers may provide them with desirable working and living conditions (e.g., treats them well), access to social and institutional resources, reimbursement of medical expenses even when spent in the Philippines, and inspire them to lead healthy lifestyles (Piocos et al. 2022). Further, peers (e.g., members of organizations, and religious groups) may be a source of recommendations for hospitals, health programs, or treatment, referrals to groups or organizations who could help them, and emotional, spiritual, or material assistance (Piocos et al. 2022). Likewise, family members may provide them with information as well (Piocos et al. 2022). Lastly, they receive information from the Internet, social media particularly Facebook, and newspapers and radio stations owned and managed by fellow Filipinos, notably The Sun, Hong Kong News, and Radyo Migrante (Bernadas and Jiang 2016).

It is noteworthy that there are important caveats when they use nonprofessional and informal resources. That is, the quality of information may not be reliable or verified (Bernadas and Jiang 2016; Piocos et al. 2022). This is worsened by their difficulty distinguishing facts from fake news (Yeung et al. 2022). Moreover, informing their peers could raise fear that their employers will know about and then terminate them over poor health status (Piocos et al. 2022).

3.1.3.3 *Singapore*

Studies that deal with these migrants' health and social protection in general are, at present, scarce and more oriented toward access and not literacy. Of the eight extracted papers about the Singapore case, only three pertained to health and healthcare access of migrant workers: 1)

Anjara et al. (2017), which focused on stress, health and quality of life of MDWs; 2) Christie-de Jong and Reilly (2020), which looked at the barriers and facilitators to pap-testing among female OFWs (mostly MDWs) in Qatar, Kuwait, Singapore and Hong Kong; and 3) Ang et al. (2017), which expounded on whether migrant workers in Singapore receive adequate healthcare from the perspectives of healthcare providers. These studies identified the difficulty of navigating the healthcare system in Singapore, finances (e.g., healthcare cost and the need to send money to left-behind families), culture (including language), and fear as among the barriers to a migrant's access to healthcare provision. Isolation-induced stress among MDWs impacts the quality of life negatively, "pointing to the need for policies aimed at decreasing stress and social isolation among female MDWs in order to improve their health and quality of life" (Anjara et al. 2017, p.1).

This scoping study did not find any paper that deals with Filipino migrant health and social security systems literacy in Singapore. However, Yuen and Paul's (2020) paper on the overall labor rights awareness of migrant workers is instructive. Yuen and Paul investigated the "awareness of workplace-entitlements knowledge of 98 Filipino and Indonesian MDWs" by assessing their knowledge of their rights to retain their personal documents, receive regular salary payments, and receive a weekly rest day. They found that Filipino MDWs tend to be "somewhat ill-informed" of their workplace entitlements in Singapore. This is despite the pre-departure seminars conducted by the Philippines for outgoing MDWs and the more established migrant network of Filipinos in Singapore. Yuen and Paul (2020) recommend the united efforts of civil and state actors and the use of overlapping channels for the dissemination of rights information.

In sum, Japan's health and social security systems are not completely inclusive of migrants; some migrants benefit from the systems more than others do. For one, it maintains ethnic preference as non-ethnic Japanese receive less favorable employment that cannot grant them insurance or right to welfare assistance when migrants are in a vulnerable position socio-economically (Kim 2021). Just as in healthcare, language adds great difficulty to migrants' knowledge and understanding of Japan's social security system. The role of NGOs, faith-based organizations and ethnic social networks is integral to the Filipino migrants' ability to overcome the barriers to navigating the existing healthcare and security systems in Japan. Despite their inclusion in broader studies about migrant access to health and social security programs, there is a dearth of literature that specifically investigates the health and social security systems *literacy* of Filipino migrant workers, given their large demographic presence in Japan.

For Hong Kong, there were no studies that investigated social security systems literacy among MDWs and only a few studies about health literacy. There were also only a few studies about social security in general. There is a need to address these clear gaps in knowledge as social security and health affect MDWs' everyday lives. It would also be interesting to know about the social security and health literacy of the employers. That is, are they aware of their MDWs' rights as protected by Hong Kong's laws (Paul and Neo 2018)? Their literacy would inevitably interplay with how Hong Kong treats MDWs, as the employers are their most influential and most common contact in this destination area.

Singapore divides into visa and skill categories its migrant health and social security regimes. The results of the scoping review highlight the continuing exclusion of migrant workers in Singapore from health and social security systems of protection. Furthermore, the lack of studies that look at the health and social security systems literacy of OFWs in Singapore needs

to be addressed if the city-state is to truly value its growing number of foreign laborers, upon whose shoulders a heavy load of its economy and care needs rest.

3.1.4 The Philippine health and social security regimes for OFWs

The Philippines is a global model for the management of its institutionalized labor export, supported by intricate policy frameworks and state-run bureaucracy (Opiniano 2020). There is, however, limited scholarship on the health and social security regimes for OFWs, including migrant workers' literacy on these programs and policies.

There are a number of state-led initiatives aimed at providing social (including health) protection for OFWs (Guinto et al. 2015; Orbeta 2016; Tabuga et al. 2021). Among these are the mandatory health insurance programs provided by the National Health Insurance Program through PhilHealth for the OFWs and their dependents, and OWWA membership which provides a wide range of services ranging from disability, death, and burial, education and training, repatriation and reintegration programs. Membership in SSS used to be voluntary. However, by virtue of the Republic Act (RA) 11199, or the Social Security Act of 2018, land-based and sea-based OFWs are considered compulsory members (Tabuga et al. 2021). RA 9679, or the Pag-IBIG Fund Law of 2009, makes membership to Pag-IBIG Fund mandatory for all OFWs, allowing them easier access to government loans for housing, calamity, and other purposes (Tabuga et al. 2021).

While health and social security for migrant workers are in place, OFWs do not readily enjoy these protections. Some of the factors for this depravity are, first, the lack of portability of benefits; and, second, the absence of bilateral agreements with host countries (Hall 2012; Jabar 2021; Silva 2020; Tabuga et al. 2021). Problems with portability inhibit migrants from seeking immediate medical attention, even though they may have insurance with PhilHealth (Jabar 2021). Healthcare may be utilized overseas and reimbursed in the Philippines. However, PhilHealth uses the case rates in the Philippines thereby disregarding the differences in healthcare costs between the Philippines and overseas (Guinto et al. 2015). Moreover, the difficulty of navigating the processes of membership, filing of claims, or reimbursements contributes to the poor literacy of migrants concerning the protection that is available to them. Without social security agreements, whether bilateral or multilateral, benefits might not be exported to migrants paying the security schemes (Pasadilla and Abadillo 2011). There are also criticisms regarding the poor implementation of mutual assistance agreements with destination countries leading to the inability of OFWs to access protections (Hall 2012).

The surveyed literature calls for continuing investigations of the effectiveness of these systems of protection for OFWs (Orbeta 2016), and the creation of meaningful agreements with destination countries to ensure the welfare of OFWs (Ruiz 20080; Tabuga et al. 2021) improvements in these instruments of protections, especially ensuring the literacy of migrants on these, as well as easier access to these protection regimes. Higher literacy of the benefits of these insurance schemes might encourage migrant workers to contribute more, thereby expanding the coverage of these health and social safety nets for OFWs.

3.1.5 State of systems literacy of Filipino migrants in Japan, Hong Kong, and Singapore

This section reports the integration of findings from studies reviewed that covered Japan, Hong Kong, Singapore, and the Philippines with regard to OFWs' access and literacy toward health

and social security systems. The findings are divided into two parts: enablers, or those that promote or allow for access and literacy, and; barriers, or those that hinder OFWs from accessing or becoming literate about health and social security systems.

3.1.5.1. *Enablers to access and to literacy toward health and social security systems*

Analysis shows that the following were enablers in receiving countries: (1) laws and international conventions that mandate worker's basic rights protection; (2) formal channels for resources; (3) informal channels; and (4) government's openness to political activism. Furthermore, analysis indicates the following as enablers in the Philippines: laws, a variety of programs, and bilateral agreements with receiving countries.

First, the receiving countries in this study adhere to their own laws, as well as international conventions and agreements that require them to protect migrant workers' basic rights. In Hong Kong, migrant workers are included in its Employment Ordinance (Ford and Piper 2007), which specifies entitlements and terms regarding wages, rest days and leaves, sickness allowance, maternity protection, termination of the contract, and so on (Labour Department 2021; Mayer Brown 2021). In Singapore, low-wage migrant workers are only covered by the Employment of Foreign Manpower Act of 1990, which includes welfare provisions and stipulations against ill-treatment, while most migrant workers are included under the more comprehensive Employment Act, which covers work hour limits, provision for rest days and leaves, and termination notice periods (Yeoh et al. 2020). Singapore also has legal provisions to sentence abusive employers (Yeoh et al. 2020). In both Hong Kong and Singapore, MDWs are required to be provided medical insurance by their employers (Bandyopadhyay and Thomas 2022; Guinto et al. 2015). In Japan, all OFWs can access National Health Insurance, while higher wage earners could also tap into their Employee's Health Insurance (Sioson 2017). Further, single-parent migrants could also seek seikatsu hogo or public socioeconomic assistance from their municipal/city government (Celero 2014).

Apart from laws, international conventions and agreements uphold migrant workers' health and social security rights. Noteworthy are the Universal Declaration of Human Rights (UDHR), the International Convention for the Protection of the Rights of all Migrant Workers and Members of their Families (MWC), Domestic Workers Convention No. 189, International Labour Organization's Convention No. 97 (Migration for Employment, Revised) and Convention No. 143 (Migrations in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers), ASEAN's Declaration on the Protection and Promotion of the Rights of Migrant Workers, the ASEAN Strategic Framework on Health Development, the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Guinto et al. 2015; Yeoh et al. 2020).

Second, formal channels provide OFWs access and literacy or awareness about health and social security systems. Formal channels include (a) the governments, (b) healthcare workers, (c) churches, (d) NGOs, and (e) migrant workers' organizations. Information from the government could boost healthcare-related behaviors. This was shown in a Hong Kong study wherein Covid-19 information from the government was cited as a promote vaccine acceptance (Chua et al. 2022). Healthcare workers, notably doctors and nurses, can likewise be accessed by OFWs in Hong Kong (Bernadas and Jiang 2016).

Churches are another formal channel, as their teachings have been found to serve as reminders to OFWs in Hong Kong to take care of their bodies as part of God's will (Piocos et al. 2022).

In Japan, many religious organizations offer translation and shelter assistance (Arriola 2015). The Maryknoll Philippine Migrant Center, which organized the formation of the umbrella organization, Katipunan ng mga Migranteng Pilipino sa Japan (KAMPI-Japan) is another example (Ofreneo and Samonte 2005). The Kyoto Catholic Church also mediates between the Japanese government and organizations that provide legal and health assistance to OFWs (Arriola 2015).

NGOs and migrant workers organizations also help in healthcare, through the provision of medical, psycho-emotional, educational, and referral support (Arriola 2015; Piocos et al. 2022; Villa 2021). For example, the NGO coalition United Filipinos in Hong Kong has campaigned for improvement in immigration policies, augmentation of minimum wage, and decrease in deployment-related fees for domestic workers (Ford and Piper 2007). Further, the Asian Domestic Workers Union filed a complaint against Hong Kong for violating the Migration for Employment Convention of the International Labour Organization (Ford and Piper 2007). Training and education programs (e.g., financial literacy) have likewise been provided by the migrant worker organization Kabayan Migrant Services Foundation, private corporation ExCenPro Inc., and NGOs Asian Migration Center and Unlad Kabayan (Ofreneo and Samonte 2005). During the Covid-19 pandemic, migrant leaders were instrumental in cascading migrant domestic workers' needs and concerns to the Hong Kong government and to NGOs (Vilog and Piocos 2021). In Singapore, Transient Workers Count Too, an NGO, has campaigned for the provision of Sundays off and for addressing abusive supervision and was instrumental in the compulsory orientation for new employers and the creation of a conciliatory services government unit (Ford and Piper 2007). Another is HOME, a migrant worker advocacy organization that provides shelter and assistance to abused and exploited MDWs in the city-state (Yeoh et al. 2020). In Japan, NGOs also provide temporary homes to distressed OFWs (Arriola 2015).

Third, informal channels namely employers, friends, family members, and the media (Facebook pages, newspapers like The Sun and Hong Kong News, and radio station Radyo Migrante) also act as enablers (Anjara et al. 2017; Bernadas and Jiang 2016; Piocos et al. 2022; Yeoh et al. 2020). All these sources may provide informational support on programs and services they can avail of, and referral support on which institutions or groups they can go to for assistance (Piocos et al. 2022; Yeoh et al. 2020). Additionally, employers may reimburse their medical expenses (Piocos et al. 2022) while peers may provide emotional, spiritual, financial, and material support as well (Anjara et al. 2017; Ho et al. 2022; Piocos et al. 2022; Sioson 2017).

Fourth, unique to Hong Kong, the government is perceived to be tolerant to political activism unlike other receiving countries like Singapore (Ford and Piper 2007). This allows migrant workers to organize themselves for the provision of assistance and promotion of their rights (Ford and Piper 2007). In comparison, the Japanese government collaborates with some migrant support organizations involved in health activism to communicate the importance of health and well-being to Filipina migrant workers (Bernadas, Piocos and Vilog 2019).

Legislations also serve as enabling factors within the Philippines. The Republic Act No. 8042 or the Migrant Workers Law (MWL) provides for services like travel advisory and information dissemination; migrant workers loan guarantee fund through OWWA; migrant workers and other overseas Filipinos resource centers which provide counseling, legal services, welfare assistance like medical and hospitalization services, promotion of social integration settlement and community networking, upskilling programs, gender-sensitive activities, and 24-hour

hotline; shared government information system; emergency repatriation fund; re-placement and monitoring for reintegration back into the Philippines; legal assistance and legal assistance fund, and; congressional migrant workers scholarship fund (Ford and Piper 2007; Guinto et al. 2015; Ofreneo and Samonte 2005).

In addition, the Philippine government enacted the welfare fund, OWWA, which has paved the way for the provision of wide-ranging services like assistance for disabilities, death, burial, education, training, repatriation, and re-integration (Orbeta 2016). Further, there is PhilHealth's special mandatory program for OFWs who get hired and pass through the government's deployment system (Guinto et al. 2015; Orbeta 2016). OFWs may also take part in the SSS for its pension and provident fund programs (Ofreneo and Samonte 2005; Orbeta 2016) and the Home Development Mutual Fund (HDMF) or Pag-IBIG Overseas Program (POP) for housing assistance (Ofreneo and Samonte 2005). The benefits are also exportable (Pasadilla 2011).

There are bilateral labor agreements that seek to provide migrant protection and orderly deployment of Filipinos (Ford and Piper 2007; Guinto et al. 2015). There are also standard diplomatic channels, such as having labor attaches abroad who are available to assist migrants with labor-related concerns (Ford and Piper 2007; Guinto et al. 2015).

3.1.5.2 *Barriers to migrant literacy toward health and social security systems*

There are barriers to literacy toward health and social security systems as well. These include precarity of work, limitations of the provisions of the governments of the Philippines and receiving countries, financial barriers, language and cultural barriers, and disinformation or fake news.

The first barrier is precarity of work, characterized by job insecurity and ease in termination and repatriation (Anjara et al. 2017; Guinto et al. 2015; Yeoh et al. 2020; Ford and Piper 2007; Ofreneo and Samonte 2005). Precarity is caused by "private arrangements" between employers and recruitment agencies and migrant workers (Yeoh et al. 2020). However, with inherent power imbalance, migrant workers become dependent on their employers' and recruitment agencies' goodwill and adherence to laws and contract provisions (Guinto et al. 2015; Yeoh et al. 2020). This makes them fearful of being terminated and then deported (Villa 2021).

While there are laws that seek to promote the basic rights and protections of migrant workers as mentioned earlier, the implementation of these laws is another matter. For example, in Hong Kong where medical insurance is mandatory among MDWs, a study found that 34 percent reported not receiving medical insurance from their employers (Bandyopadhyay and Thomas 2022). In Singapore, while the Employment Agencies Act sets limits on agency fees, compliance is poorly regulated (Yeoh et al. 2020). In addition, if OFWs seek legal remedies for workplace abuse, they may face deportation or further abuse from their employers (Yeoh et al. 2020).

Further, while there are international conventions and agreements, the countries focused on in this scoping review are not yet signatories to many of these. Such is the case of Singapore, which may have ratified the CEDAW but has not signed the other conventions (Yeoh et al. 2020). In terms of bilateral labor agreements, there are rare (Ford and Piper 2007). Sending countries are also dependent on the willingness of receiving countries to enter into one that would cover social security and health protection of OFWs (Yeoh et al. 2020). Bilateral labor agreements have focused on the needs of receiving countries and only provide guidelines and

recommendations on dealing with OFW concerns and hardly include grievance procedures and clauses on protecting migrant workers' rights (Ford and Piper 2007; Ofreneo and Samonte 2005).

The precarity of work is also linked to discrimination. In Japan, female OFWs, particularly Filipino entertainers, are stigmatized and viewed as sex workers (Ofreneo and Samonte, 2005). In Hong Kong and Singapore, low-wage earners like MDWs are also looked down upon for being Filipinos and doing "lowly" jobs (Bandyopadhyay and Thomas 2022). Moreover, these low-wage earners do not share all the privileges afforded to foreign workers. In Hong Kong and Singapore, they will not have the opportunity to become permanent residents even after working there for a long time (Ford and Piper 2007). In Hong Kong, MDWs are also not allowed to enter other fields (Ford and Piper 2007), while in Singapore, semi-skilled workers like MDWs are prohibited from bringing their family members to the city-state, marrying Singapore citizens or permanent residents, and contributing to its social security scheme in the form of provident funds (Ford and Piper 2007; Pasadilla 2011). In Singapore, MDWs are excluded from the Employment Act, which makes them vulnerable to long work hours, lack of rest days and leaves, and termination (Yeoh et al. 2020). Discrimination is also shown in terms of additional requirements not given to other foreign workers. In Hong Kong, MDWs need to leave the city within two weeks after the termination of the contract (Ofreneo and Samonte 2005). In Singapore, MDWs have to undergo screening for pregnancy and other diseases twice a year.

Precarity among migrants, especially MDWs was aggravated during the pandemic. Contract violations (e.g., unpaid overtime work, lack of rest days) and termination became more widespread (Vilog and Piocos 2021). They were also barred from receiving financial assistance from the government which was afforded to all locals (Vilog and Piocos 2021).

Such precarity may force some migrants (especially low-wage earners) to become irregular workers, which happens when they overstay beyond the time limit or work for several employers to earn more (Ford and Piper 2007; Henderson 2020). This then makes them even more vulnerable because hiding their status also means seeking less government support (Henderson 2020). Further, experiencing discrimination discourages them to go to formal channels for healthcare and information (Bandyopadhyay and Thomas 2022; Bernadas and Jiang 2016).

The second barrier includes limitations in the service provision of the governments of the Philippines and receiving countries. The Philippine social security and health systems lack portability hence limiting their usefulness while the OFWs are abroad (Jabar 2021). PhilHealth also works on a reimbursement basis which means they must shell out money first (Guinto et al. 2015). The amount that will be reimbursed will also follow how much it costs to have a procedure done in the Philippines (which is sometimes less than costs abroad), not how much it really costs (Guinto et al. 2015). In terms of OWWA, OFWs' membership ends when their contracts end, making them ineligible to receive benefits (Guinto et al. 2015). Pre-departure orientation seminars (PDOS) have been deemed hasty, shallow, and ineffective in providing information on policies of receiving countries, savings and investment opportunities, and health-related issues (Henderson 2020; Ofreneo and Samonte 2005; Silva et al. 2020). The PDOS has also been criticized for over-focusing on the marketing campaigns of private banks and remittance companies, and for teaching OFWs to be submissive to keep their jobs (Henderson 2020).

The Philippine embassies and consulates also have insufficient budget and manpower to cover all the services within their mandate (Ford and Piper 2007; Ofreneo and Samonte 2005). There is also a lack of training on how to handle health concerns (Silva et al. 2020). OFWs have also reported that some personnel lack professionalism and competence (Henderson 2020; Ofreneo and Samonte 2005). During the pandemic, mobility restrictions and lockdowns hindered accessibility to embassies and consulates (Vilog and Piocos 2021).

In the receiving countries, medical insurance may not have sufficient coverage or may be insufficient to cover all the expenses for grave illnesses (Guinto et al. 2015; Villa 2021). Moreover, there is a lack of service providers, particularly in mental health (Silva et al. 2020) which may hinder help-seeking (Jabar 2021).

The third barrier is OFWs' lack of finances. Many have debts partly due to high placement fees while many send most of their salaries to their families, leaving not much to save or to invest (Ofreneo and Samonte 2005). In addition, when medical insurance is inadequate or worse, when uninsured or unemployed, they will face high healthcare expenses abroad (Ang 2020; Guinto et al. 2015; Higuchi et al. 2021; Kita et al. 2015). Further, MDWs do not have the means to pay for accommodations during the recovery period and could not get well if they stay in their employers' homes (Piocos et al. 2022). If they file legal cases against their employers, they have difficulty going through an expensive legal process (Ford and Piper 2007; Yeoh et al. 2020). OFWs may also lack money to spend on processing documents (Ofreneo and Samonte 2005).

The fourth barrier consists of culture, namely, differences in language, stigmatizing beliefs, and the common practice of gossiping. The inability to speak the language in the receiving country restricts their understanding of information and the application of their literacy skills (Bernadas and Jiang 2016; Piocos et al. 2022). Lack of fluency also makes it difficult to navigate the healthcare system (Christie-de Jong and Reilly 2020; Holroyd et al. 2003; Nagamatsu 2020), to communicate their healthcare needs, and to understand what the doctors or nurses are telling them (Igarashi et al. 2013; Kinoshita 2018; Kita et al. 2015; Miller et al. 2019; Nagamatsu 2020; Sioson 2017; Uayan et al. 2009; Villa 2021). These present the need for translation services (Uayan et al. 2009; Yasukawa et al. 2019) which are often unavailable. Among female OFWs, the inability to understand Nihongo prevented them from comprehending check-ups and cancer screening results (Nagamatsu 2020). During the pandemic, language differences hindered the dissemination of Covid-19 information to migrants (Kiyohara et al. 2022). They may also be overlooked in terms of Covid-19 vaccination (Berardi 2022).

OFWs also have traditional beliefs that could be stigmatizing, thereby hindering help-seeking and access to support. A study found that female OFWs viewed pregnancy as immoral unless they were married to the father of the baby (Paul and Neo 2018). It is also an inconvenience and a deterrent to their ability to earn for their family (Paul and Neo 2018). Among MDWs in Hong Kong, getting oneself tested for sexual diseases is deemed embarrassing and painful (Holroyd et al. 2003). In Japan, economic help-seeking among single OFWs was seen as degrading (Celero 2014). Further, talking to others about problems was regarded as stress-inducing (Ho et al. 2022). In addition, the common practice of gossiping or spreading personal news (Ho et al. 2022) makes it difficult for OFWs to trust their fellow Filipinos. Further, there is fear that their peers will reveal their problems to their employers who would then terminate them (Piocos et al. 2022).

The fifth and last barrier is disinformation. OFWs have difficulty separating facts from fake news or unverified information (Yeung et al. 2022). In Japan, female OFWs thought that non-communicable diseases were unavoidable and were unable to understand the necessity for health promotion behavior (Nagamatsu 2020). Among female OFWs in Hong Kong, there is the misperception that pap smear testing is unimportant and to be done every 3 years (Christie-de Jong and Reilly 2020; Holroyd et al. 2003). Pap smear was believed to detect uterine cancer, and that cervical cancer can be cured with early detection (Holroyd et al. 2003).

3.1.6 Research gaps

This scoping review found that a precise conceptualization of migrant health and social security systems literacy *does not exist* in the 60 articles collected. This is the main gap in existing scholarship on health and social security systems in Japan, Hong Kong, and Singapore, as well as the Philippines. Many of the studies have rather more indirect, even ambiguous descriptions of migrant literacy. For instance, out of the 25 studies reviewed on Japan, only three articles relate the systems to the literacy of migrants in general (Nagamatsu et al. 2020, Miller et al. 2019, Kiyohara et al. 2022). In Hong Kong, only four studies looked at health literacy but do not provide any accurate definitions of the concept itself. Three of these investigated OFWs' knowledge of a specific aspect of health, notably pregnancy, cervical cancer, and HIV/AIDS (Bandyopadhyay and Thomas 2002; Holroyd et al. 2003; Paul and Neo 2018), whereas the other study is a discursive paper on the need to evaluate MDWs' health literacy (Ho and Smith 2020). Only one study investigated OFWs' literacy in a Philippine government scheme, particularly the PhilHealth insurance (Jabar 2021). Rather than providing an accurate conceptualization of migrant literacy, these articles go only insofar as describing migrants as illiterate for lacking knowledge of the systems and depicting the prevailing systems as devoid of cultural sensitivity to accommodate the different understandings of migrants on health and social protection.

In the context of the current pandemic, one article defines migrant literacy as, from the vantage point of the Japanese government, disseminating information about health to combat the spread of myths and disinformation (Kiyohara et al. 2022). This is similar to the case of Singapore, where, out of only four papers selected in this review, only one (Yuen and Paul 2019) highlighted the "workplace-entitlements knowledge" of Filipino and Indonesian migrant workers. The focus, however, was knowledge of the general rights of migrants and not specific to health and social security. The other three underscored barriers to access of migrant workers to such protections (Ang et al. 2017; Anjara et .al. 2020; Christie-de Jong and Reilly 2020). Interestingly, although not defined, "migrant-health literacy" was underlined as important in Ang et al., (2020, p. 547) but referred to as a competency essential among "doctors, so that they may act as healthcare advocates for patients." In other words, this type of literacy pertains more to having knowledge about health conditions and illnesses, rather than knowing the ways to navigate the healthcare system.

In terms of thematic focus, most articles reviewed concentrate on issues surrounding *accessibility* more than literacy. For instance, there are twelve articles that examine migrant workers' issues of access to Japanese health and social security systems. The unequal access to health and social benefits is evident in the contrasting experiences of those migrants who are insured and uninsured (Komatsu et al. 2007), as well as between those proficient in the language and those who are not (Igarasahi et al. 2013, Kita et al. 2015, Kawatsu et al. 2017). The relationship between accessibility and literacy remains underexplored in the current corpus of research on migrant workers' experiences related to and discourses on health and social security systems.

Another gap that was found in the scoping review pertains to the inclusion of Filipino migrants in the studies. For example, there were 12 quantitative studies on Japan's health and social protection systems that included Filipinos in the migrant sample due to their significant demographic presence, yet, these studies tend to lump Filipinos as an aggregate of migrant residents, disregarding the role that visa status, occupation, length of stay, gender and the intersectionality of these factors might play in explaining health and social security disparities. Meanwhile, of the thirteen qualitative studies that involve Filipino migrant workers, four studies did not define or describe their health and social security systems literacy per se, but mentioned the words, "knowledge", "understanding", and "familiarity with health and social services" being contingent on the following factors: 1) the period of stay in Japan as workers and/ or mothers raising a family which allows for the accumulation of knowledge about and experiences with navigating the systems, and 2) social (ethnic) networks through connections with the church, community, and migrant support organizations The second determinant of migrant literacy holds significance in the lives of recent (e.g., less than five years) Filipino migrants who are likely to seek health support from church and migrant networks to cope with social, mental and physical stress (Arriola, 2015; Bernadas, Piocos, and Vilog 2019; Paillard-Borg et al. 2018; Villa 2018). Studies reviewed on Singapore did not pertain to OFWs, except Yuen and Paul's (2019); the focus of the majority of papers was on low-wage migrant workers in Singapore in general.

3.2 Focus group discussion data

This section presents the findings of the focus group discussions conducted with Filipino female migrant workers based in Tokyo, Japan, Hong Kong SAR, PRC, and Singapore. These Filipino migrant women mostly belong to the domestic labor sector. The qualitative data obtained from the FGDs aim to complement the findings of the scoping review. This section contains the ff. Parts: 1) demographic profile of the FGD participants, and 2) barriers and enabling mechanisms of knowing the health and social security systems.

3.2.1 Profile characteristics of FGD participants

3.2.1.1 *Japan*

Between July and September 2022, three focus group discussions were conducted using Facebook Video Call with fifteen Filipinos working on a designated activities visa (see Table 4). Describing their characteristics, Filipino migrant women may be classified into two: 1) those who were recruited to work for expatriate families (1-10), and 2) those who were recruited in 2018 through the Philippine recruitment agencies and were outsourced by their housekeeping service company counterparts in Japan (11-15). The second group is composed of recent migrants who moved to Japan for housekeeping work, by virtue of the bilateral meeting between Japan and the Philippines during the 2015 APEC Meeting in Manila. Japan expressed its need for housekeepers who will take care of households, by cleaning, fixing the bed, doing basic chores, babysitting, and other domestic tasks (GMA News 2015). These stay-out helpers are housed at a designated apartment building or dormitory initially in Osaka and Kanagawa designated as special economic zones. On March 28, 2016, the Japanese Ministry of Foreign Affairs released an advisory that formalizes the recruitment of 50-100 Filipino housekeepers without language certification for pilot testing. No publicly-accessible report has ever been released on the status of these hires since. The current scheme, however, now requires a six-month training at the Technical Education and Skills Development Authority (TESDA), and previous experience working in Japan (in lieu of a Japanese language certification). The housekeeping servicing company in Japan is responsible for training the

recent group of housekeepers in Japanese style and language (Sadamatsu 2018). The recent group's contract is fixed to three years, and Japanese employers are prohibited from sponsoring them as direct hires.

Meanwhile, the expatriate-serving housekeepers' visa is valid only for one year and is renewable annually depending primarily on the sponsorship of an expat employer. If the family leaves Japan, sometimes before their visa (renewed annually) expires, they use this time to look for another sponsor. They are at risk of illegal status unless they find a new employer. They have been in Japan between eight to 35 years, the recent group has only been in Japan for less than five years. The former's presence has been permitted since 1966 when Japan began accepting expats entering to put up a business or engage in diplomatic affairs. In terms of age, the non-recent group of housekeepers has 38 years old as the youngest, and 63 years old as the oldest. Except for two who moved to Japan through the aid of a working relative or former employer moving from the Philippines to Japan, the other eight non-recent Filipinas were former domestic workers in Hong Kong whose employers took them along to start a business or relocate with the entire family. These Filipino women were 'left behind' in Japan when the family moved to their respective home country for good and were either referred to the incoming expat taking their place in the company or embassy, or forced to look for another sponsor through the help of their fellow housekeepers.

The recent group was hired by a POEA-accredited agency in Manila. They passed several interviews, including one by a visiting representative of the outsourcing Japanese company. They completed the TESDA National Certificate II for housekeeping for six to seven months (without allowance). Some confessed to incurring debts to cover the living expenses during training in Manila. It is interesting to note that three out of the five members of this group were former entertainers in the 2000s, while one used to be a technical intern for a year in Kyushu. Their prior experience of working in Japan was their advantage in getting recruited. Only one respondent made the cut on the basis of her previous experience sewing gowns as a family business for performers at a bar frequented in Manila in the late 2000s.

Table 4. Profile of participants in FGD with Japan-based OFWs***

	Name	Age	Civil Status	Period of Stay
1**	Fely	59	single	16
2	Glecy	63	widow	19
3	Helen	55	single	21
4	Ivy	52	single	20
5	Jena	52	separated, with one child	13

6	Kara	63	separated, 2 kids (one kid surviving with 2 kids)	22
7	Lilia	56	single	26
8	Marlyn	60	annulled in 2016, 3 kids (two adopted)	35
9	Nena	38	single	8
10	Ofel	48	separated	17
11***	Pinky	39	divorced from Japanese, 1 kid from Filipino ex-partner	3.5
12	Quinta	33	single	3.5
13	Reina	41	married, with 2 kids	3.5
14	Sharon	38	unmarried, 3 kids	3
15	Tess	38	married, 3 kids	3

Notes:

*All are designated activities visa holders and are working as housekeepers, the term used in the literature (see for example Sadamatsu 2018) and in the visa categorization in Japan.

**Ten women (1-10) are expat-sponsored domestic workers. Having lived in Japan for more than five years, they are called non-recent migrants in this study.

***Five women (11-15) were recruited through a placement agency in the Philippines, submitted a TESDA certification, and were trained by a servicing company in Japan. Having lived in Japan for less than five years, they are regarded as recent-migrants in this study.

3.2.1.2 *Hong Kong*

The FGD with OFWs in Hong Kong was held in September 2022. There were six participants, all of whom were domestic workers. They have been working in Hong Kong for at least eight years. Four have children, while two do not have any. They are all in a stay-in arrangement. They all knew each other since they all have a common friend, who was the one who helped the researcher in recruiting them. The FGD was conducted via Facebook video call.

Table 5. Profile of participants in FGD with Hong Kong-based OFWs

Name of Participant (Pseudonym)	Years OFW	Pass/ Immigration Status	Work (Industry)	Age	Civil Status
Elma	16 years	Foreign Domestic Helper Visa	Domestic Worker	51	Single
Ciela	20 years	Foreign Domestic Helper Visa	Domestic Worker	49	Single
Genevieve	8 years	Foreign Domestic Helper Visa	Domestic Worker	50	Married
Divine	12 years	Foreign Domestic Helper Visa	Domestic Worker	43	Separated, Single Parent
Danica	20 years	Foreign Domestic Helper Visa	Domestic Worker	49	Married
Jen	15 years	Foreign Domestic Helper Visa	Domestic Worker	44	Single Parent

3.2.1.3 *Singapore*

In September 2022, FGD with Singapore-based OFWs were conducted via Zoom. Only five responded positively to the invitation to participate in the study (Table 6). Of the two domestic workers, one was in her first-time contract in Singapore while the other one transferred to Singapore in late 2021 after having worked in Hong Kong for 23 years, disrupted only by a year in 2013 when her then-employer took her to Singapore when the latter had work-related assignment there. Both of them live with their expatriate employers and they have left-behind families (including children) in the Philippines. Two of the participants were E-Pass holders before they became permanent residents, while the other one holds an S-Pass.

Table 6. Profile of participants in FGD with Singapore-based OFWs

Name of Participant (Pseudonym)	Years OFW	Pass/ Immigration Status	Work (Industry)	Age	Civil Status
Karen	24 (23 HK, 1 SG [2021]; 1 SG in 2013)	WP	Domestic work	50	Widow
Gemma	19	PR (17 years)	Researcher (policy work)	47	Married
Rita	15	S	IT (healthcare)	40	Single
Joyce	14	PR (since 2020)	Entrepreneur (education)	40	Married
Wendy	5	WP	Domestic worker	29	Married

3.2.2 Knowledge about health and social security systems in receiving countries and the Philippines

Most FGD participants who experience working in the Philippines are familiar with the prevailing health and social security schemes in the country prior to overseas employment. While not all of them underwent PDOS, many respondents in Japan and Singapore began knowing about the health and social security systems through the registration process within the first week upon arriving in receiving countries. This process to gain membership is a crucial point of entry to the systems of health and social support, which link migrant workers to local government as well as health and social security providers, such as hospitals and clinics. In Japan, Filipino migrants register at the ward office for an alien resident card, health insurance, and pension. The local government is also responsible for disseminating information materials and health service coupons. Being incorporated into the health system starts as soon as they have medical records at a nearby hospital or clinic where they receive their first medical consultation or physical exam. In Singapore, meanwhile, the local government office and employer assist Filipino migrant workers with the registration process, keep their health status report, and share insurance costs. In Hong Kong, no process was shared but the domestic workers mentioned receiving assistance and being eligible for services as they have identification cards to prove they are legally working in the territory.

Focus group discussion data indicated that OFWs have some knowledge of the health and social security systems abroad. In Japan, all participants were familiar with the national health insurance (houken), through which they can avail of basic services like consultations with specialists at reduced fees, dental care, free annual physical exams, and 70 percent discounts on surgical procedures and hospitalizations. They also had their My Number (mai namba), a 12-digit identification card used for purposes of taxation, social security, and disaster assistance. They are also aware of the employment insurance and national pension systems (nenkin) in Japan. Under such systems, they are also entitled to unemployment benefits. Participants likewise noticed widespread improvements in the Japanese healthcare system over time, particularly local government offices, that helped them circumvent language differences. Non-recent migrant workers saw the increasing presence of interpreters and English-speaking Japanese staff, English-speaking phone operators, English interface of the official website and Twitter of hospital wards and cities, English translations of periodicals, and hospital machines with English buttons for self-processing of check-ups. In terms of experience, only a few OFWs were able to avail of medical and social welfare benefits abroad as well as the Philippines. For example, Quen was able to receive unemployment benefits when she was confined for three weeks: “I also learned about the unemployment benefit, amounting to 50 percent of your monthly salary, which I received from the ward office through the assistance of my company.” Moreover, Ivy and Ofel were able to use their PhilHealth for their medical care. Ivy used her PhilHealth to avail of a discount for her hysterectomy procedure in the Philippines, while Ofel received a subsidy for her confinement for an aneurysm and prescription medication. Both also received further reimbursements from the Japanese government.

Furthermore, during the pandemic, they all received a JPY 100,000 (about PHP 40,000), a stimulus allowance from the Japanese government given in 2020 to *all* residents, including migrants who have been in living in Japan for at least three months. Most of them received vaccinations, while a few who contracted the virus received free hospitalization, paid sick leaves, hotel quarantines, food, and medicine rations. A few non-recent migrant workers who lost their jobs during the pandemic received short-term loans from the local government. One respondent revealed that her monthly national health insurance contributions were adjusted

after reporting at the ward office that her salary was less than offered by the previous employer. Three non-recent migrants shared that they received a 200-dollar financial assistance from OWWA through the Philippine Embassy. While they could not identify the name of this program, they mentioned that the learned about this support from their Filipino peers who likewise have received this allowance and are actively involved in the activities of the embassy. Unlike the Japanese stimulus assistance that is inclusive, this in-cash assistance from the Philippine goverment, which was given to those who became unemployed or fell ill due to Covid, was exclusionary since this is not made available to all, if not, many Filipinos. Some respondents who were familiar with this support were discouraged from applying upon learning about its requirements (e.g., letter from the employer indicating unemployment, proof of medical experiences, letter appealing for support due to reduced or loss of income). The differing familiarity with and access to Covid-19 pandemic assistance reflects Filipino migrant workers' uneven knowledge of the systems of Japan and the Philippines.

Meanwhile, in Hong Kong, OFW participants shared being entitled to two-year health insurance, which keeps check-up costs and medicine at affordable prices. According to Danica, she experienced using such benefits: "Whatever we encounter here, we could go to the hospital and only pay a little. Like check-ups, they are only HKD 60 or 100 (roughly PHP 420 or PHP 700), it's just like that." Also, Jen shared that her daughter also used her PhilHealth benefits to help pay for her medical expenses when she had surgery. During the pandemic, participants said they experienced being assisted by the Hong Kong government to keep them safe and well. They received free Covid-19 home test kits and RT-PCR. They also knew OFWs who stayed in isolation facilities when they tested positive.

Singapore-based OFWs said that they have mandated health insurance and health screenings which were easy to access. Rita shared about taking part in the mandatory health screening and getting medical claims: "My (S) pass is renewed every two years, and I need to attend a health screening every time it is renewed. To double check how you are. That is aside from the group insurance in our company… If we get sick here, we are our company's responsibility. But they are mandated and it is in the bylaws of the Ministry of Manpower. … The process (of claims) here (Singapore) is very swift, very less hassle."

3.2.3 Factors enabling and constraining health and social security systems literacy

Focus group discussion data also showed similarities with scoping review findings on enablers of health and social security systems literacy. That is, OFWs in Japan, Hong Kong, and Singapore all had formal and informal channels (e.g., providing information and support). FGD findings showed that formal channels included the Philippine and foreign governments, healthcare workers, churches, NGOs, and migrant workers organizations.

These formal channels help improve literacy. For example, the Philippine Consulate was cited as an important source of information. The Philippine Consulate in Hong Kong posted advisories on which areas in Hong Kong have protests against the government on their Facebook account, hence OFWs learned where not to go to remain partisan and avoid complications. Foreign governments also had initiatives. In Singapore, the government conducted retirement information drives for labor migrants. Joyce narrates, "The government (Singapore) encourages you to plan based on your age. They have information drives, they send advertisements, reminders via email, so we are well informed." In Hong Kong, the government had regular updates about Covid-19 through its Health Department's Facebook

page, which participants followed to know what was happening during the pandemic. NGOs like the Red Cross and Equal Opportunity Commission also had health and legal literacy programs, respectively.

Formal channels also boosted access to health and social security. The Philippines' OWWA has provision for upskilling training and housing to shelter terminated OFWs. Also, medical subsidies can be availed through PhilHealth. Moreover, nurses and doctors provide direct healthcare assistance and advice, particularly those who could speak English or Filipino. In Japan, there are English-speaking Japanese staff who help fill out and send forms to insurance or tax offices. In Hong Kong, OFWs can turn to Filipino nurses and doctors. In terms of organizations, Migrant Mission for Workers in Hong Kong was highly regarded for being responsive to OFW needs especially through its hotline, and for having the ability to connect OFWs to the Philippine Consulate. Other NGOs included Hong Kong Breast Cancer Foundation for providing free mammogram and ultrasound to MDWs every two years; Pathfinders for free check-ups, psychological assistance, prenatal care, and shelter; and Red Cross for free hygiene kits.

Informal channels were likewise mentioned, especially families, friends, employers, and the media. Informal channels paved the way for greater literacy. OFWs' families remind them to pay for their membership. Friends also provide them with advice regarding health and social welfare, especially those who have been working abroad for years. Karen shared being helped by her friends from church: "The church is one way to know about these concerns. And especially since I plan to go back to the Philippines for good. I heard you have to pay all of your unpaid dues to SSS before you can claim any benefit. I don't know… The church helps a lot, especially to someone like me who is new here in Singapore." In addition, there are OFWs who consider themselves lucky for having employers who share healthcare information such as during the pandemic, and regular reminders about their benefits. Rita narrated how their company in Singapore helped boost their literacy, "Our HR (Human Resources) regularly briefs us about our benefits, they give us something to read so we know what we can claim. If you still do not understand, you can ask." Lastly, the media (e.g., The Sun Hong Kong's Facebook page, Hong Kong radio station Pinoy Tayo Saan Man, Japanese online Filipino community Malago Forum, Dr. Willie Ong's YouTube channel, Google Translate) are a key source of information about health, social services, current events, and Covid-19. Ciela, an MDW from Hong Kong shared, "There's a newspaper here. There are hard copies, I never fail to line up or go to outlets, they have copies there. That's where I read about health or health tips. Doctors who came from the Philippines have write-ups there, there's a portion there about health tips."

Informal channels also help OFWs access the systems better. OFWs' left-behind families assisted them in accessing their claims in the Philippines. OFWs' friends were also instrumental in navigating the systems by interpreting for them information materials that are in foreign languages. Active membership and leadership in Filipino community organizations also helped improve access because they get to forge closer ties with the Philippine Consulate. Joyce said, "They explain it [Pag-IBIG, SSS, POEA, etc.] during PhilComm (Philippine Community) meetings. Recently, they do it via Zoom also, but for PhilComm leaders only."

There are OFWs with employers who shell out their money to supplement their health insurance benefits. In Japan, there were OFWs who were assisted by their employers in processing their registration to My Number. Quen, a housekeeper in Japan, recounted how her employer helped her after undergoing a major medical procedure: "At the company office,

during the four months that I could not work full time, since I already have consumed my paid leaves, I was given lighter tasks so that I could still get my monthly salary in full."

In terms of barriers to access, similar to scoping review results, the precarity of work, critique of the performance of the governments of the Philippines and receiving countries, and limited finances were shared in FGDs. OFWs mentioned precarity in terms of dependence on their employers. For example, there are different health insurance providers in Hong Kong, and the scope of coverage is dependent on what their employers would buy for them. OFWs also echoed the lack of implementation of laws, particularly on the quality of living accommodations among MDWs. That is, they argue that the Hong Kong government needs to have a mechanism that would guarantee that employers abide by laws on MDWs' proper sleeping accommodations, sufficient food or food allowance, and reasonable work hours.

Another barrier was problems with the Philippine government. While the Philippine Consulate was acknowledged as an important source of support, their hotline was at times out of order. Their officers were seen by some as not being approachable and having difficulty answering their queries well. Divine recounted an incident when a Hong Kong-based OFW asked an officer about a document. "'Ma'am, how does this work?' Do you know what the assisting officer said? 'That's why you have to line up! That's why it's online so that you check it there and so you won't keep asking questions!'" Negative experiences transacting with the consulates/embassies lower familiarity and trust in the Philippine system.

In addition, FGD data revealed financial challenges due to high placement fees and increase in expenses at home (e.g., higher tuition fees). For example, Elma, narrated how she found money to apply for a job: "I thought of applying here in Hong Kong but we really had no money. What I did was ask for help from my mother. I know she also didn't have money, but she found a way. She sold our jeepney for PHP 50,000. Because the placement fee in 2006 was so high. It reached PHP 150,000 just to apply. So we still had to find PHP 100,000. So she sold our lot, our farm with coconut trees." Participants also shared cultural differences notably the language as a barrier, especially when they were still new abroad.

New barriers to access were also shared during the FGDs. OFWs mentioned how the Post-Arrival Orientation Seminar (PAOS) was helpful but not well-known among OFWs and not required to be attended by OFWs. They added that the issuance of the Overseas Employment Certificate (OEC) was problematic because its online option was difficult to understand and was not working, which led to long lines in the Consulate. Moreover, during the pandemic, they disapproved of the exclusion of OFW families from financial assistance from the Philippine government. Danica lamented, "They say OFWs are living heroes, but how come, sometimes... Like during the pandemic. Just because we're OFWs, our families were already excluded? Why? Did we not experience the pandemic as well? Did we not find things difficult? It's so hard. It makes me cry. We didn't go home for years because of the pandemic, can't they give our families even just a few thousands?" They also opined a lack of clarity that only distressed OFW families were included in the assistance from DSWD and not all OFW families. While they were entitled to receive monetary support in case they got infected with Covid-19, the paperwork they had to submit was too complicated and time-consuming, and the money arrived months later.

In terms of participating in government schemes (SSS, Pag-IBIG, and PhilHealth), they disliked how contributions have increased yet claiming benefits remained challenging (e.g., long lines, takes long for benefits to arrive). Divine shared, "We're always hoping, but we

seldom get anything. It's so difficult. It takes such a long time before you can claim anything. Like they said that they will give you financial assistance if you get Covid, there were those who did get money, but months, it took six months before they got them. It's like that. It's not that you want to lose, you want to lose [trust] in our government, but you still do somehow. That's why you just rely on your salary." Scams and news about corruption also made them feel distrustful and suspicious of whether the Philippine government cares about OFW welfare. Rita said, "You only want to file a claim for this particular thing but you will be asked to prepare 10 or 20 items? At the end of the day, you just don't want to do it. And there are so many scams so you lose trust in the process." They also cited their distance from consulates/embassies and their families' distance from government offices as hindrances in filing for claims. The benefits are also meager and far from being sufficient in meeting their needs. Jen, an OFW from Hong Kong, recounted how her daughter's hospital bill was only reduced by 11 percent: "It's so small. Because my daughter, it was just last week when she got hospitalized. Her bill reached PHP 216,000. Only PHP 23,000 was deducted using her PhilHealth." Thus, making contributions and later filing claims are viewed as a burden on their part.

In terms of barriers to literacy, the PDOS was assessed as being too short and lacking in practical information that would prepare OFWs emotionally, mentally, and physically (e.g., how to avoid being scammed abroad). There was also a lack of information about the new requirements and procedures prescribed by the current systems (e.g., portability of benefits). They viewed PDOS as commercially driven with too much emphasis on the promotion of banks and insurance companies, instead of being led by people who have actual experience in being migrants such as former OFWs. They likewise critiqued the Technical Education and Skills Development Authority (TESDA) training sessions which were deemed lacking in practicality and cultural context (e.g., for those who will become MDWs abroad, there is a need to teach them how to use modern appliances).

Further, the importance of the health and social security benefits that the Philippine government offers diminishes the longer the OFWs stay in the host country and the greater their level of trust in the foreign systems for their efficient delivery of benefits and services. They could not help but compare the Philippine systems and their foreign counterparts. In Japan, a few participants described Japanese healthcare to be pro-life and pro-poor compared to the Philippines. Gemma, a Singapore-based OFW, relies on her private insurance: "It's embarrassing, I really don't know anything about it. I am connected with the Filipino community here but we don't talk about these things. I also volunteer in various projects of the Philippine embassy here but I still don't get any information about my benefits from them. Whatever (health and social) security I have is from my own money". With the possession of medical insurance abroad, OFWs may find it unreasonable and impractical to continue paying contributions when they are not in the Philippines and have no dependents to benefit from them. These are now only seen as useful in times of emergency and contingent on their contributions while in the Philippines.

Additionally, personal barriers to literacy were included. They believed that some OFWs over-emphasized the need for entertainment instead of seeking useful information that would help them abroad. Others acknowledged that OFWs lacked the time and were too tired to learn about health and social security. Jen, an MDW from Hong Kong, said, "Maybe they are already too tired from work, they feel pressured by their boss, then it's only on Sundays when they have time for themselves. To enjoy. Maybe they think, I'm already drained at work for a week, I would just drain my brain away if I learn about those things." Others added that some OFWs

had the tendency to seek knowledge or help only when problems have already happened or have intensified instead of trying to prevent these from occurring or from worsening.

Overall, these barriers point to gaps in upholding migrants' right to decent work, which includes "opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for all, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men" (ILO, n.d.) Fulfilling their right to decent work should be on the agenda for bilateral and regional cooperation between the Philippines and receiving countries Japan, Hong Kong, and Singapore where OFW populations are dense.

3.3 Interviews with government agencies

To validate the results of the scoping review and FGD with Filipino female migrant workers, we conducted interviews with six government agencies, namely the Department of Health-Migrant Health Unit (MHU), PhilHealth, SSS, Insurance Commission, and the Home Development Mutual Fund (Pag-IBIG), that are concerned with the health and social welfare of Filipino migrant workers. The interviews took place via Zoom between September and October 2022. The interviews also aimed to facilitate the consultation phase of the scoping review and to incorporate the voice of the Philippine government in analyzing the mechanisms that enable or constrain the health and social security systems literacy of OFWs.

3.3.1 On health and social security systems literacy of OFWs: perspectives from Philippine government agencies

Table 7 synthesizes the challenges Philippine government agencies face in communicating and providing health benefits and social security services, as well as their current efforts toward making OFWs literate. Following is the discussion on these two key areas.

Table 7. Summary of Interview Data from Philippine government agencies

	Agency	Main Problems of OFWs	Services and Programs Provided	Modes of Communication with OFWs
1	Philippine Migrant Health Network	1. Based on medical repatriation, OFWs returning suffer from severe illnesses such as cancer, cardiovascular diseases, renal/kidney diseases, hypertension, diabetes, heart failure, heart attack, and mental health illnesses 2. MHU only gets involved during the medical repatriation phase when OFW cases	1. Coordinates with other government agencies such as DFA, OWWA, DSWD, and NAIA during medical repatriation 2. Prepares OFWs' referral to health facilities and psychological counseling 3. Physician's report and medical documentation to the Philippine consulates 4. Spearheads the IMRAP	1. Referring repatriated OFWs to health facilities and psychological counselling centers 2. Providing the physician's report and medical documents to the Philippine consulates 3. Coordinating for the repatriation of human remains with the Bureau of Quarantine and DOH

		are already complicated or in terminal stage 3. OFWs cannot make follow-up consultations with MHU when they are in host countries	program to harmonize health policy with 10 other agencies 5. Provides medical assistance to irregular migrants 6. Is planning on providing 24/7 telemedicine service at the OFW Hospital	
2	Philippine Health Insurance Corporation	1. OFWs are physically distant from the Philippine government. The distance makes it difficult for the Philippine state to assist them except only through the Philippine Embassy. 2. OFWs are prone to serious illnesses such as cancer and kidney problems when they return home. 3. OFWs suffer from information overload from PDOS. 4. The Philippine government depends on the health and welfare policies for migrant workers in receiving countries. 5. Many OFWs have stopped making payment contributions over the years.	1. Relies on the host country's policies for migrant healthcare and insurance due to limited assistance offered 2. Participates in PDOS to inform OFWs about health services 3. Processes reimbursement of healthcare expenses. For example, PHP 16,000 is reimbursed to female OFWs who undergo caesarean procedures abroad if she regularly pays contributions 4. Provides free Covid-19 testing for returning OFWs 5. Holds an annual international forum to address OFW concerns 6. Seeks to get accreditation in host countries	1. Joining PDOS to inform OFWs about the healthcare system 2. Providing calling cards so that OFWs members for emergencies 3. Holding an annual international forum to interact with OFWs around the world 4. Managing an official Facebook account and other online means of communication
3	Social Security System	1. Membership is the most common concern of OFWs: how to retrieve one's SSS number, resume payments, reactivate one's SSS account, how to generate payment reference numbers, how and where to pay contributions or loans, how to claim benefits	1. Forges Bilateral Social Security Agreement (SSA) with host countries 2. Extends SSS coverage programs to Filipino migrants 3. Processes loans, retirement, and other social security benefits of OFWs	1. Disseminating information through the official website 2. Informing SSS members periodically of the services and advisories mainly through online and social media platforms (e.g., official SSS website, Facebook, YouTube, Twitter) and existing

		while abroad		regional offices 3. Contacting SSS members online using social media platforms has been the primary means of disseminating information mainly due to Covid-19 restrictions
4	Insurance Commission	1. OFW benefits such as hospitalization for sicknesses are still insufficient 2. They are not aware that they have insurance that they can use. 3. Some claims on OFW insurance are not being paid. The insurance should cover claims for repatriation or accidental health benefits. 4. Some OFWs are denied medical repatriation if it is not covered by the insurance policy. The accidental benefit is for permanent disability only; partial or temporary disability is not included.	1. Cooperates with POEA in giving a compulsory seminar on OFW insurance 2. Forms part of the Technical Working Group (TWG) to represent all migrant welfare agencies, including associations of migrants 4. Aims to lobby for a bill that expands the benefits to all OFWs, to include government-to-government and direct hires; cover repatriation due to war and natural calamities and; expand sickness and hospital benefits	1. Assisting Filipino migrants on its Facebook page 2. Speaking with OFWs in their native language to understand IC's programs and services 3. Responding to OFW-specific concerns through FAQs on the website 4.Updating the official website to serve OFWs better 5. Conducting insurance caravan in Cebu, Davao, and different parts of our country to inform the public about the role of IC, typical insurance products available (e.g., motor insurance, OFW insurance)
5	Pag-IBIG Fund	1. OFWs have a low level of financial literacy; they usually send all their salary to their families 2. OFWs have little savings so they often apply for loans to build their house, etc. 3. Many OFWs lack awareness of Pag-IBIG programs that promote financial literacy and prepare them for retirement.	1. Offers short-term cash and calamity loans equivalent to 80 percent of the total contributions payable for 2-3 years 2. Processes benefit claims and loan applications within 3 days 3. Offers savings program (MP1 and 2) to members 4. Offers housing loans 5. Participates in PDOS at PAOS 6. Conducts home	1. Collaborating with agencies and Philippine consulates in receiving countries 2. Simplifying processes and requirements for applying for loans and claiming benefits 3. Setting up virtual offices (Asia, Europe, North America) via WhatsApp and Viber. 4. Updating the official website and official Facebook page to make

		4. Emotional attachment to family in the Philippines distracts them from saving and managing finances.	matching which provides OFWs with accredited Pagibig developers for their homes 7. Organizes housing fairs and road shows abroad. These events, in partnership with embassies and accredited developers, generate loan borrowers	the checklist of services, requirements and forms accessible; a chatbox makes it possible to assist OFWs online. 5. Putting up a mobile app where members may view their savings and records online 6. Conducting webinars in East Asia, Oceania, the UK, Ireland, and Singapore
6	Overseas Workers' Welfare Administration	1. OFWs have uneven access to health and welfare support in receiving countries; some benefits are portable in some countries but not in others (e.g., medical insurance); some are more generous than others 2. Some OFWs cannot disclose their health concerns for fear of losing one's job 3. Some OFWs with serious illnesses struggle to receive medical assistance due to limited coverage 4. Many OFWs seek welfare assistance but have not been paying membership dues regularly 5. Some OFWs rely on the support of kind employers to pay hospitalization bills 6. Many Filipinos are ill-prepared to work overseas, becoming distressed while adjusting to another culture.	1. Implements insurance benefit program, supplemental medical assistance program (MEDplus) , death, disability, welfare assistance program, education and training programs, welfare services, livelihood packages for returnees, and educational assistance for left-behind children 2. Extends small financial assistance from OWWA fund to irregular members 3. Participates in PDOS and PAOS although the former is not fully absorbed by departing OFWs 4. Provides basic computer literacy program to equip OFWs with skills to carry out online transactions 5. Provided various assistance to COVID-stricken and repatriated distressed Filipinos during pandemic	1. Setting up 34 regional and satellite posts to better assist OFWs 2. Conducting PAOS online to give orientation to newcomer OFWs 3. Disseminating up-to-date information on the Facebook pages of Philippine embassies 4. Communicating with OFWs via 24/7 open hotline, Messenger at Whatsapp 5. Accepting invitations for interviews and guestings on social media platforms (e.g., vlogs and blogs of influencers) 6. Reaching out to the left-behind children/youth and families of OFWs

3.3.1.1 *Barriers to communicating health and social security to OFWs*

A notable feature of these six agencies is the presence of a division or office that looks specifically into OFW concerns, with the exception of the Insurance Corporation whose work is more confined to the Philippines, and PhilHealth which is still in the process of creating regional offices. Although directly assisting the migrants in destination countries is the role played mainly by the Philippine Overseas Labor Organization (POLO) and Overseas WWA officers at the designated Philippine embassy, the agencies, to a degree, collaborate with the former. The Migrant Health Unit is the designated office under the Bureau of International Health Cooperation of the Department of Health that is involved with medical repatriation of OFWs. The SSS has an International Affairs Department. The Pag-IBIG Fund has an OFW Center and virtual offices for North America, Europe, and Asia under the International Operations Department. Finally, OWWA has 34 overseas posts clustered mainly into three: 1) Middle East/GCC, 2) Europe and America, and 3) Asia-Pacific. These clusters are strategically divided according to the density of the population of OFWs while working closely with Philippine consulates in destination countries where OWWA does not have a post (e.g., Cambodia and Indonesia).

The six Filipino migrant welfare-concerned agencies interviewed affirm their role as providers of health and social services for Filipinos overseas. While they emphasize the portable nature of the Philippine health and social security systems, they recognize the multiple challenges to performing their roles beyond borders. One major macro-structural limitation is the lack of bilateral agreement (with the exception of Japan which signed a Social Security Agreement with the Philippines in 2015) with destination countries that could ease the provision for health and social welfare. Constrained by the existing health and labor laws of receiving states, there is a tendency for the Philippine government to rely on the health and social services that receiving countries extend to Filipino migrant workers. Some states have migrant-inclusive coverage, while others determine the range of benefits depending on the nature of the occupation, visa category, and income level (which forms the basis for computing payment contributions). For instance, many OFWs are not covered by health insurance in Gulf Cooperation Council states. Many domestic Filipino workers in Singapore receive only up to PHP 15,000 of medical reimbursement per year; any medical expenses incurred beyond this amount must come out of pocket. Countries like Singapore do not want to be bound by a bilateral agreement that would put pressure on adjusting health and social security premiums for migrant workers.

Second, the delivery of health and social benefits is constrained by geographical distance, and the uneven dispersion of OFWs around the world exposes the limits of the Philippines' health and social security infrastructure. The Department of Health-Migrant Health Unit (DOH-MHU) explains that the agency's involvement is only during medical repatriation, in which the health status of migrants has become too complicated or has worsened. Between 2018 and 2022, the unit provided medical assistance to 1,234 repatriated OFWs. Of this number, 786 were female, while 448 were male. The leading medical conditions of these repatriated migrants are: 1) cancer/neoplasm (324), 2) cerebrovascular diseases (e.g., stroke; 265), 3) renal/kidney diseases (that entail long term dialysis intervention; 163), 4) cardiovascular (e.g., heart attack, hypertension; 75), 5) ob/gyne (55), 6) trauma or injury (51), 7) psychiatric/mental (49), and 8) infectious diseases (47) (Migrant Health Unit 2022).

The limited health infrastructure is also evident in the minimal occasions government agencies interact with OFWs in various stages of the migration cycle (e.g., pre-departure). For example, the lack of 24/7 telemedicine capacity at present prevents MHU from providing real-time and periodic consultations to OFWs. Because they are mainly involved in the medical repatriation stage, the agency is yet to map out the illnesses and other health problems of OFWs in other phases of the migration process. There are plans to implement the telemedicine service at the newly-built OFW Hospital in Pampanga, Philippines but the timeline for its implementation is yet to be determined.

Similarly, the Philippine Health Insurance Corporation (PhilHealth) connects with Filipino migrants through the Philippine embassy stationed in the countries of destination. In making the benefits portable, the agency has been having difficulty locating potential PhilHealth-accredited hospitals that can accommodate as many OFWs as possible. They also confirm how PDOS has been ineffective in communicating health as well as social benefits to most departing OFWs because the latter tend to be more preoccupied with their left-behind family and concerns about the life that awaits them in their destination country than be fully attentive to the seminar. They are also often overwhelmed by the amount of information given during the two-day program. As a result, in the absence of a PhilHealth satellite office overseas, the agency is only able to process medical subsidies to OFWs when they are in the Philippines, just like the MHU. The variety of programs and services of OWWA informs their huge involvement with OFWs across the migration cycle–from pre-departure to destination country, retirement and reintegration to the Philippines. Yet, the agency admits that its overall programs and services are only supplementary to the support given by employers in destination countries. If a Filipino domestic worker contracts illness while in Singapore, for instance, s/he must return to the Philippines to seek treatment using a PhilHealth card. If s/he is irregular or non-contributor, OWWA extends a small amount taken from OWWA Fund. Sometimes an employer is kind enough to shoulder the medical bills, but in other cases, OWWA assists an OFW in looking for a migrant NGO or a foundation that organizes a fund drive or crowdsourcing to pay for hospitalization or surgical operation.

The third barrier pertains to the limited health and social service coverage of the Philippine systems, which is complemented by an insurance policy paid for by recruitment agencies. But such insurance is guaranteed to the agency-recruited; government-to-government or direct hires are not covered by such policy. According to the Insurance Commission, the policy only covers medical repatriation, which includes claims related to 1) accidents that lead to permanent disability, and 2) death. Thus, temporary disability and recurring illnesses are excluded from the insurance package offered to Filipino contract workers.

Fourth, related to the limited health and social security infrastructure is the low level of digital literacy among Filipino migrants. The challenges that the Social Security System of the Philippines faces in assisting OFWs boil down to a serious lack of knowledge in navigating the website of the agency. Many OFWs do not know how to access or reactivate their membership online, how to claim their benefits, how to settle their membership contributions using the payment reference number system, and how to apply for loans. The OFWs' lack of knowledge about these procedures results in unclaimed benefits, while the lack of knowledge about proper payment channels leads to lost or missing contributions that discourage many members from regularly paying their dues. The OWWA shares that it tries to address this concern by offering basic computer training so that OFWs can do online transactions on their own, although this initiative has been temporarily stalled due to the pandemic.

Fifth, the Pag-IBIG Mutual Fund stresses in particular the issue of financial literacy which impedes many OFWs from managing their remittances efficiently. While housing and investments tend to be the least of migrant priorities, the inability to allocate financial resources for these areas is partly due to the lack of awareness of existing programs of the agency and the Philippine government, in general, to make them and their left-behind families financially literate. The lack of savings compels many OFWs to file emergency cash and calamity loans through Pag-IBIG to augment the remittances sent to the family, particularly in times of family contingency or crisis. In short, many OFWs view health and social benefits as contingency funds, rather than as savings for investment and/ or retirement. To improve its way of communicating its role in the social welfare of OFWs, the Pag-IBIG Fund officials reveal recently adopting the term 'savings', rather than 'contributions' (the term used in the Republic Act 7699 or the Portability of Social Security Insurance System Act of 1994), to refer to the payments made by OFWs in order to reform their mindset through giving higher value on the hard-earned money to allocate for their and their family's future.

3.3.1.2 *Services and programs to promote health and social security systems literacy or OFWs*

Interviews with the six agencies suggest that there are ongoing efforts to communicate with OFWs around the globe so that they stay connected to the Philippine health and social systems while living and working abroad. Their programs, designed primarily to promote broader *access* to health and social security systems, have the following shared characteristics: 1) dissemination of information about services and benefits, 2) establishment of an open line of communication with OFWs, and 3) continuous development of platforms to reach thousands of OFWs worldwide. While the ways in which they all connect with OFWs tend to overlap, they do diverge in the sense that their programs become more relevant in particular stages of the migration cycle.

The interaction between the Migrant Health Unit and OFWs most often occurs during the medical repatriation stage. In coordination with the Philippine consulates and DFA, MHU is in charge of providing medical assistance to returning OFWs, conducts health assessment post-arrival at the airport, and refers a patient to DOH-accredited hospital facilities and psychological counseling centers for medical intervention. MHU also works with the Bureau of Quarantine and the Department of Health in the transport of human remains from overseas.

PhilHealth, on the other hand, has been participating in the PDOS to inform departing OFWs about their membership and coverage of the health insurance that they can avail for themselves and their family dependents. The coverage includes in-patient hospitalization, outpatient surgical subsidies, and other health services identified by the agency (Orbeta 2016). For instance, a reimbursement amounting to PHP 16,000 is given to women who undergo caesarian operations done abroad provided the member pays her contribution prior to reimbursement application. Apart from maintaining a Facebook page, and a website, PhilHealth also conducts an annual international forum to interact with OFWs regarding their health insurance concerns both online and in other countries, suggesting that they maintain an open line of communication with PhilHealth members.

While they also attend PDOS to discuss the social benefits available to migrating Filipino workers, SSS participates in social security agreements (together with DFA) with receiving countries where there is a dense population of OFWs. In 2015, for example, it signed a social security agreement with Japan, which allows the continuity of social security benefits (e.g.,

sickness, disability, and pension) without the need to enroll in both systems (Tacadao 2016). The agreement took effect on August 1, 2018. In the past, SSS has deployed its representatives overseas and has established satellite offices to accommodate the needs of OFWs (Orbeta 2016). At present, the agency has created online and social media platforms for disseminating information, which became more relevant during the COVID-19 pandemic. Despite these efforts, the SSS recognizes that there are still thousands of OFWs who are not aware of the seven-benefit package, and the pervasiveness of misconception about the SSS contributions as merely an expense rather than future investment or savings.

The Insurance Commission works in partnership with the POEA in the conduct of PDOS, tackling the OFW insurance policy. They provide multilingual support for OFWs who need a clearer understanding of the terms and conditions of the policy. The Commission reveals that it is currently drafting a bill to expand the benefits of OFWs beyond disability and death by adding repatriation benefits for those affected by war and disaster in destination countries as well as sickness and hospitalization allowances. The current bill passed by Congress has excluded these incentives because of its huge budgetary implications, suggesting that revising the migrant health and welfare spending is yet to be a legislative agenda. In addition, the proposed bill will also aim to incorporate government-to-government and direct hires in accessing benefits and services. At the moment, the OFW insurance policy is only required of sea-based and agency-hired workers. In terms of information dissemination, the IC maintains a Facebook page, distributes pamphlets (FAQs) across the country, and is currently updating its official website. It also conducts an insurance caravan to inform many Filipinos of the existing insurance products and application procedures, such as motorcycle insurance and OFW insurance policies.

Despite their efforts, the Commission is aware that there are many Filipino migrants who are (still) not familiar with the work they do since they coordinate mostly with insurance providers and recruitment agencies. It also intervenes only when there are mounting complaints, but only a small portion of cases reach the agency. The complaints are typically about demanding more benefits than what the policy can cover due to a lack of understanding about the policy coverage. The IC explained, during the interview, that reforming the current OFW insurance policy to adjust the premium would cause destination countries to look for migrant labor from countries that demand relatively cheaper insurance coverage.

The Pag-IBIG Fund also engages with departing Filipino workers through PDOS and PAOS, in which it tackles various loan and savings programs available. It informs attendees that their products have high growth interest rates compared to commercial banks. However, the agency is aware that investing in a home or saving money does not preoccupy the mind of an outbound Filipino; yet, they choose to be visible in such seminars to instill awareness of their role as an agency. As a housing development assistance organization, it also emphasizes that OFWs can avail of their housing loans upon membership and a significant number of savings, the term they use to positively their programs and encourage OFWs to invest for the future through accumulating savings and building a home. It also organizes house matching in partnership with Pag-IBIG-accredited developers, as well as housing fairs and road shows during Philippine cultural festivals abroad. These initiatives have generated housing loan applications. Between 2014 and 2019, prior to the pandemic, there has been an upward trend in the number of housing loan borrowers, particularly in Japan (401), Hong Kong (762), and Singapore (809), in which OFWs in Singapore are the highest in number. As of September 2022, there are 1, 081, 894 active OFW members of Pag-IBIG, which is 50, 000 more than in 2017 (Pag-Ibig Fund 2022).

Recently, Pag-IBIG launched its virtual offices in North America, Europe, and Asia to accommodate more OFWs during the pandemic. It communicates with OFWs via WhatsApp and Viber. Pag-IBIG regularly updates its website to post schedules of incoming webinars and other similar events. Despite these innovations in relating with OFWs, they recognize the need for Filipinos to become financially stable and literate first to appreciate better the services that they offer them. The agency also perceives a low level of trust among OFWs toward the Philippine government, which influences their decision to avail of the programs. If OFWs are in precarious socio-economic and irregular status, they are unlikely to reach out to government agencies for support, which may cause them to grow distant from the government.

The inputs of the government agencies regarding their modes and approaches for communicating health and social security to OFWs have indeed evolved over time with the advent of information and communication technologies, deterritorializing the ways in which they assist Filipinos overseas. Yet, except for the Insurance Commission which renders multilingual support to negotiate the varied language abilities of OFWs and ensure that they understand the content of their insurance policy, this is not a feature of the communicative practices of other agencies, at least, it is not something that they give utmost importance to when interacting with OFWs. Most agencies focus on multiplying digital and offline modes of communication to assist both digitally literate and illiterate members.

Moreover, the commitment toward promoting OFW's literacy about the health and social security systems is not the primary objective of the programs and efforts of Philippine government agencies. Whilst this objective is not deliberately stated or envisioned, migrant literacy is a goal that may be understood as cohering with the intention of OFW-assisting offices to make the benefits, products, and services become more available and accessible to Filipinos. Hence, accessibility is a pre-condition for or an enabling factor of migrant literacy. The more that OFWs access and experience the health and social security benefits, the more they become knowledgeable about the systems. The less that Filipinos interact with and receive information from governing agencies, the more likely that they become unfamiliar and indifferent toward the Philippine systems.

4. Analytical Discussion

4.1 Factors enabling and constraining health and social security systems literacy of Filipino migrants in East Asia

This section aims to further examine the complementarity of the results of the scoping review, the focus group discussions with Filipino migrant workers employed in Japan, Hong Kong, and Singapore, as well the interviews with the five key government agencies forming part of the Philippine health and social security systems. The purpose of juxtaposing these data is to determine whether there is convergence in the enablers (those agents and mechanisms that enable) and barriers to (those that constrain) migrants' learning about and navigating the systems.

Table 8. Comparison of enablers and barriers to health and social security systems literacy based on the three datasets

Agents and Mechanisms of Migrant Literacy	Scoping Review	Filipino Migrant Workers in East Asia	Philippine Systems Agencies
Enablers			
1. Governance	✓ Printed information materials, medical interpreter services, updates about Covid-19 pandemic, etc.	✓ Local government units assistance to migrants, medical interpreters at the ward office, updates about Covid-19 through Facebook page, etc.; Philippine Consulate (provide advisories, hold seminars)	✓ Setting up of OFW division, satellite offices, conduct of Pre-departure orientation seminar/PDOS and Post-Arrival orientation seminar/PAOS, medical repatriation, information caravans, webinars, participating in consulates/embassies' events like Independence Day celebration; legislation, (e.g., Social Security agreements with receiving states; use of various ICTs to disseminate information, conducting seminars about health and social security; multilingual support)
2. Migrant networks	✓ Church, NGOs	✓ Church, NGOs	
3. Informal channels	✓ Families, friends, and employers	✓ Families, friends, and employers/human resources of company	
4. Media	✓Newspapers, radio stations, and Facebook pages	✓ Google Translate, online communities, government websites in English, printed materials in English or Tagalog from ward office, radio stations, YouTube channel of a medical doctor, etc.	✓ Use of social media, website, online portals, virtual office, and mobile phone apps, etc.

5. Migrant factors	✓Period of stay ✓Accumulated knowledge about the health and social services	✓ Visa status/categories, period of stay, accumulated experiences of accessing services, active involvement/leadership in the Filipino Community, etc.	
Barriers 1. Social inequities	✓ In Japan, health inequities exist because of ethnic preferential treatment, gender, and visa and migrant status-differentiation in relation to health and social security benefits; Discrimination and stigma especially against low-skilled OFWs like domestic workers	✓ In Singapore, some forms of social protection are based on nationality and residence; ✓In the Philippines, Socio-economic inequalities are perceived due to unequal health and social security benefits based on contributed payments of Filipinos	✓ In the Philippines, socio-economic conditions explain the limited budget allocation for health and social welfare spending; limited coverage; great reliance on contributions of migrants for financing; limited health and social security infrastructure to guard citizens from risks
2. Language barrier	✓Lack of proficiency	✓ Language barriers	
3. Governance	✓ Ineffective pre-departure orientation seminar or PDOS	✓ Ineffective pre-departure orientation seminar (PDOS) and Technical Education and Skills Development Authority (TESDA) training sessions; Long paperworks, red tape in processing application, claims	
4. Disinformation or lack of knowledge or awareness	✓Disinformation from informal channels, lack of knowledge or awareness of the programs	✓ Migrants' lack of/declining knowledge of the home country systems	✓ Lack of knowledge and understanding of the programs and services
5. Financial difficulties	✓Financial difficulties of migrants	✓ Financial difficulties of migrants	✓ Financial illiteracy, financial problems

6. Migrant factors	✓Being isolated	✓ Due to stress and pressure from work, migrants prefer to rest and relax than to learn useful information	✓ Digital illiteracy (i.e. not knowing how to use a computer or mobile applications); Migrants could not absorb information during PDOS because they are focused on leaving the Philippines and their families

The above table suggests that the academic literature, the voices of Filipino migrant workers, and the perspectives of government agencies representing the systems share the existence of enablers and barriers to migrant and social security systems literacy of Filipino migrant workers themselves. Overall, there are more constraining than enabling mechanisms of systems literacy: 1) governance, 2) migrant networks, 3) informal channels, 4) media, and 5) individual migrants. The existing scholarship highlights that there are more structural factors, which include governance, cultural and language barriers, and social inequities, that impede migrant literacy specifically in destination countries. Social networks, informal channels, and media support individual migrants in overcoming the limits of health and social security systems. In the surveyed literature, the migrant individual is depicted as vulnerable due to a lack of knowledge, financial resources, and language proficiency. The FGD data and government interview data affirm the scoping review results, suggesting that migrant workers struggle to become literate in the health and social security systems of host and home countries.

The qualitative data derived from discussions with Filipino migrant workers in the three East Asian countries deepens the nature of structural challenges to attaining health and social security systems literacy. While there is evidence of the receiving country's efforts to disseminate information and deliver health and social services to migrant workers amidst social inequities, they gain greater awareness of the systems through informal channels of support and media. Here, the role of the Philippine health and social security systems becomes more prominent in the discourse around governance and the persistence of socio-economic inequalities that marginalize some Filipino migrant workers. From the vantage point of Filipino migrant workers themselves, they have an uneven relationship with the systems of the receiving country and the Philippines because they gradually have developed greater familiarity and importance to the systems of the former than the latter.

The qualitative data from the key agencies of the Philippine systems affirms that Filipino migrant workers are more alienated from the healthcare and social security providers in their home country. The perspectives of the Philippine agencies show that they have employed various strategies to communicate health and social security information and services to OFWs. What is interesting in their inputs is that they underscore individual factors as the significant barrier to providing health and social security information and services. From their perspective, the obligation to attain literacy must come from the migrants themselves to reciprocate their efforts to bring them closer to their home country systems.
Migrant networks and informal channels as enablers were, however, less evident in the discourse of Philippine government agencies than of the Filipino migrant workers who participated in this research. The tension between the individual level and governance factors

that impede migrant literacy is stronger in the discourse of government agencies. This is not surprising given that the government in principle has a top-down approach to implementing its policies and programs for its citizens. Most government institutions involved with OFWs are geared toward providing information and services and sustaining the provider-client relationship with respect to the systems, rather than educating OFWs on how to navigate the fundamental and changing aspects of the systems. The key agencies acknowledge Filipinos' rather indifferent and low level of trust toward the Philippine government.

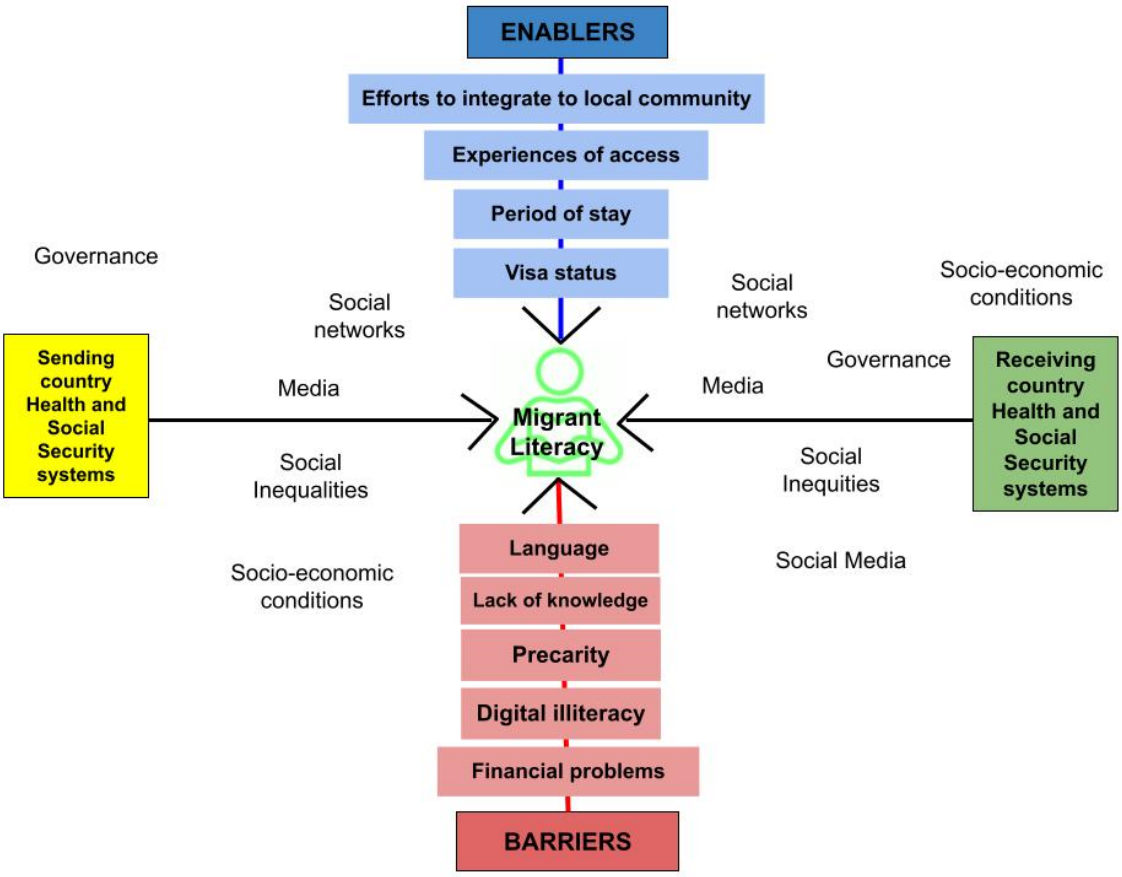
4.2 Conceptual framework on migrant health and social security systems literacy

Building on the analysis of the enabling and constraining mechanisms, the study develops a framework for conceptualizing health and social security systems literacy that is centered on the migrant. At the same time, the proposed model recognizes the dynamic process of ensuring cross-border healthcare and social security by linking structure/governance, formal and informal channels, media, and migrant individuals themselves (Figure 5). Thus, this study conceptualizes health and social security systems literacy both as a process and as a skill. It is a complex process inextricably tied to the portability of health and social security throughout the migration cycle. It is also Filipino migrant workers' competence attained through individual/personal resources (e.g., language proficiency, accumulated experiences of accessing health and social security benefits, a lengthy period of residence and employment), with minimal or without communicative assistance from formal (e.g., local and national government, Philippine embassy, migrant NGOs), informal channels (e.g., communities, family, friends, and employers), and media.

Filipino migrants' systems literacy results from overcoming barriers to communicating with, learning about, and navigating the systems in countries of origin and destination, such as language and cultural differences, the precarity of work, digital illiteracy, and financial constraints. Securing visa status, integrating into the local community through registering at the ward office and health care institutions, and accumulating experiences of obtaining health and social support the longer they live and work in the host country help mitigate the barriers they face. Media, formal and informal channels of support, which form the repertoire of enabling mechanisms, help activate migrants' agency to counter the negative effects of socio-economic inequalities that are pervasive in the sending country, as well as the social inequities and social media (ie. dis/misinformation) that persist in the receiving country.

Migrant literacy is a skill that may deepen or deteriorate over time, across space, and across systems of health and social welfare as Filipino workers' level of reliance and familiarity with the home and host country's systems work may change. The more connected to one system they are, the more positive they view such a system while becoming less knowledgeable of the other. With the absence of portability and coordination mechanisms (e.g., social security agreement) that guarantee totalization, complementarity, and continuity of health and social protection, migrant workers tend to develop an uneven relationship with the systems in the destination and origin countries. The two systems, rather than ensuring dual medical and social protection, may either double burden migrant workers by wearing out their financial capacity or alienate them through enduring barriers to accessing formal channels of health information and social support.

Figure 5. Proposed conceptual framework on migrant health and social security systems literacy

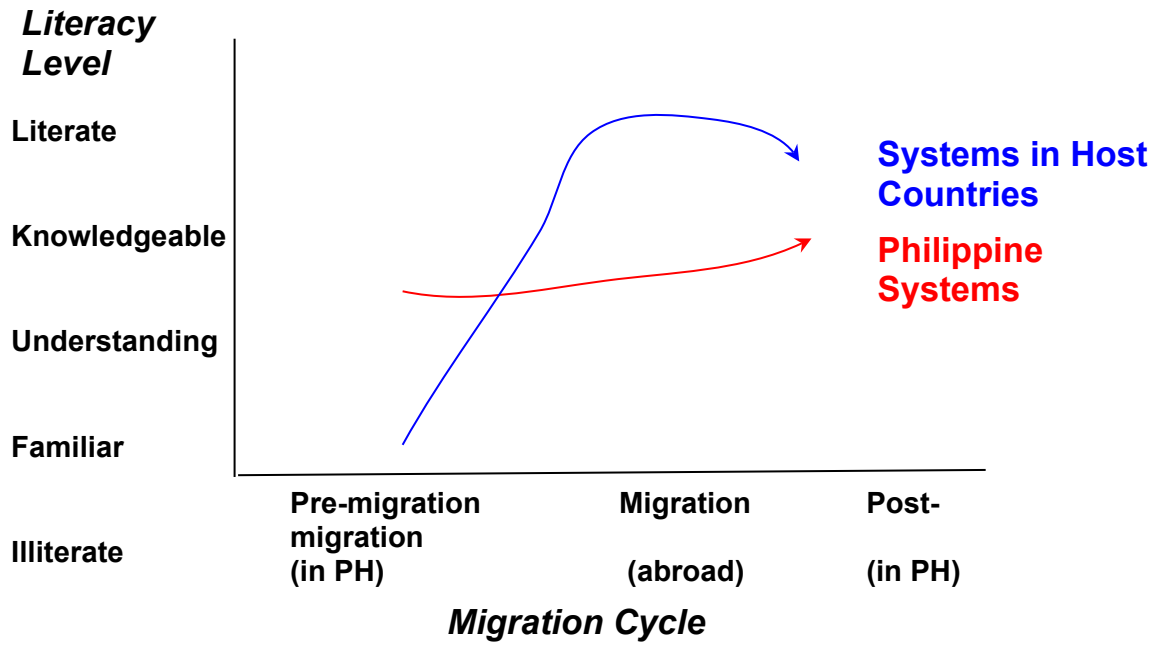


The current study shows that health and social security systems literacy is a cognitive developmental competency that migrant workers may gain or lose across the migration process. Figure 6 illustrates that systems literacy denotes gaining *familiarity with*, *understanding*, and *knowledge* of the health and social security systems of either the sending or the receiving country, or both, at different phases of the migration cycle. We argue that the health and social security systems literacy of migrants can be understood at multiple levels. Would-be migrants, be they agency or direct hires, can be systems illiterate, to begin with, if they have not been integrated into the Philippine health and social security systems. Prior to the development of the current programs and benefits, these Filipino migrants may have not sought membership in OWWA, Philhealth, or SSS, due to a lack of full-fledged employment prior to overseas employment. Illiteracy or the lack of knowledge of the systems may also occur to OFWs who may have lost residency and visa statuses in destination countries. The undocumented status will prevent migrant workers from gaining access to and navigating the services and benefits that the systems only confer to regular and legally employed migrants. Systems literacy, therefore, begins with familiarity with health care and social protection at either or both origin as well as destination countries at the most basic level. It progresses to the level of understanding, and finally, the level at which migrants possess knowledge over a considerable period. We define "familiarity" as having awareness and baseline information about the instruments of protection that are available to them, which might come from membership to, for instance, insurance systems prior to leaving the country, or having attended PDOS rendered by OFW-related agencies prior to departure from the Philippines. In the host country, being

aware of the basic services and programs come from the local government upon registration, through migrant networks, or through their employers. By "understanding", we mean that migrant workers are able to overcome socio-economic inequities, language, and cultural barriers to accessing and learning more about health and social protection typically in destination countries. Being "knowledgeable" of the systems denotes that migrant workers are able to navigate the systems of healthcare and social security with minimal to without communicative support, and obtain up-to-date information about the health and social security systems of either or both home and host countries. Furthermore, systems literacy entails understanding that the social and health security systems of sending and receiving countries are complementary, totalizing, and portable, rather than competing, toward ensuring the health and well-being of migrant workers. The next section further elaborates on the trajectories and levels of systems literacy.

4.3 Trajectories and Levels of systems literacy

Figure 6. Trajectories and levels of systems literacy across the migration cycle



Our data reveals that many Filipino migrant workers in East Asia struggle to attain and sustain adequate competency in the health and social security systems of receiving countries because of numerous existing health and socio-economic inequities, as well as barriers to access. Our analysis also indicates that there are disparities in the level of health and social security systems literacy between the Philippines and receiving countries in this study (Figure 5). Migrants might be familiar with healthcare and social protection systems in either or both countries but over time, their level of literacy in the receiving country improves but declines in the sending side. This is a consequence of their accumulated experiences with 'better' health and social services in the host country while, comparatively, those provided by the home country are viewed to be substandard or inadequate.

The length of stay in the host country is also a factor: the longer they have been away from the home country, the less informed of and engaged they are with the improvements and/or changes in related policies and programs in the sending country. However, literacy of the home country systems might peak when migrants (are about to) return. Return, thus, is a pivotal stage of the

migration process, which heightens the need to regain literacy on health and social security systems in the sending country. In the current reality, there exists variation in the experiences and levels of systems literacy among Filipino migrant workers in Japan, Hong Kong, and Singapore, as well as the contextual factors that shape such shifting levels of systems literacy.

In Japan, language and cultural barriers continue to hinder migrants from achieving systems literacy and contributing toward more inclusive health and social security systems. Factors such as 1) level of language proficiency, 2) age, 3) access to information on health and social welfare programs from the local and national government, 4) accumulated experiences of receiving health and social services, and, 5) informal channels (e.g., employer, peers, family) distinguish the level of literacy of recent (less than five years) from non-recent (more than five years) Filipino migrant workers with respect to the health and social security systems of Japan as well as of the Philippines. Many non-recent Filipino housekeepers in this study, in comparison with the recent ones, did not undergo PDOS and lacked familiarity with the Japanese systems prior to departure. They have basic familiarity with Philhealth and SSS because they have secured membership prior to overseas employment. Even though they have received Philhealth reimbursements in the past, some of them stopped paying contributions after several years because they struggled to contribute to both health and social security in the Philippines while paying for health and pension premiums in Japan. When there is a health emergency in the family, they continue to extend out-of-pocket support in the Philippines rather than utilizing their health cards for their dependents. In return for the medical treatment and social benefits received from the Japanese government, the non-recent Filipino workers, meanwhile, understand the need to commit more to paying regularly to its systems than contributing to those in the Philippines. Age is a factor that explains why they struggle to develop digital skills to navigate online systems of information, but also to acquire even a basic level of Japanese language because they work for expatriate families (that requires communicating mostly in English) for so many years, and find content in being able to access the basic health and social services. Thus, the low level of Japanese language proficiency has prevented older Filipino migrant workers from being fully knowledgeable of the systems in Japan. On the other hand, a few respondents disclosed that they have begun reactivating their Philhealth and SSS membership since the pandemic because of their impending retirement in the Philippines. At this stage, ageing Filipino migrant workers are likely to regain interest in knowing more about the requirements and procedures for claiming health and social benefits. They are also likely to communicate with key government agencies for assistance prior to or upon return.

The recent group, meanwhile, has undergone PDOS prior to leaving the Philippines and has familiarity with the health and social benefits at home as well as in host countries. Compared to the non-recent group, some recent Filipino migrant workers overcome the language barrier and access the health and social security systems through the assistance of employers and company staff. Successful access to health and social services has influenced their positive perceptions about the efficiency of the systems and the level of assistance offered to migrants in Japan. In addition, apart from being relatively younger than the previous group, these recent Filipino migrant domestic workers are more likely to understand fully the Japanese systems because they are more compelled to learn the Japanese language in order to service Japanese households. The recent group, hence, is likely to eventually become knowledge of the Japanese systems compared to the non-recent group if their level of Japanese language proficiency improves over time. However, similar to the previous group, they might eventually become less familiar or even illiterate with the Philippine systems if they discontinue receiving information about the programs, making regular contributions, and claiming their right to health and social security benefits.

Both groups downplay the role of the level of education in becoming systems literate while recognizing that culture, language, and visa status are the primary barriers that impede Filipino housekeepers in general from striving to fully understand the Japanese systems. The cultural and linguistic factors are evident in their inability to provide feedback on the surveys that the local government units periodically conduct, while the visa status informs them that they cannot be granted permanent residency and must therefore return to the Philippines in the future. Despite these structural barriers, FGD data suggests that they associate with the Japanese systems more positively than the Philippine systems. Being linked to the healthcare and social security systems, they also regard themselves in a better position compared to those who have lost employment contracts and consequently visa status because these migrants are in a precarious situation in Japan: unable to seek medical treatment and isolated for fear of deportation.

Meanwhile, in Hong Kong, the PDOS served as an avenue for the OFW participants to learn about the Philippine systems. The PAOS was another means, though to a lesser extent because it is not compulsory. Some were also active in organizations that have tie-ups with the Philippine Consulate, which gives them greater access to seminars and workshops, which then boosts familiarity with the Philippine systems. They have experienced that, in going through the Hong Kong systems, particularly the healthcare system, they were treated as equal to the locals due to the availability of affordable and at times free medical care. On the flip side, they and their families experienced exclusion from the Philippine government's financial assistance particularly during the pandemic. The OFWs also faced difficulties going through the Philippine system such as processing claims and paying contributions. Overall, these experiences enabled them to conclude the superiority of the Hong Kong systems compared with those in the Philippines. Further, while they were willing to be part of the Philippine systems, there were questions on the fairness, effectiveness, and necessity of the Philippine systems.

In the case of Singapore, Filipino migrant workers often start with being familiar with health and social security systems in both home and host countries. Such might come from, on the side of the Philippines, past employment or having undergone PDOS; on the side of Singapore, employers are mandated by the state to inform migrant workers of health and social benefits. Experiencing quality healthcare and social systems in Singapore helps migrants progress to "understanding" and "knowledge(able)" levels. Systems literacy on the Philippines side might remain stagnant on "familiarity" or might progress to the "understanding" level but does not approach the "knowledgeable" level. Pass/visa status is a factor here in that E-Pass holders, and to a certain extent, S-Pass holders might experience a decline of systems literacy in the Philippines because they have better access to protections in Singapore and they have relative job stability. For Filipino MDWs, job insecurity, skills category and the needs of their left-behind families bear on their fluctuating levels of systems literacy. For example, considerations of returning to the Philippines heighten their effort to re-learn the health and social security systems of the home country.

Filipino migrant workers' level of literacy in relation to the health and social security systems in Japan, Hong Kong, and Singapore as well as the Philippines fluctuates over time, across space, and the migration cycle. The struggles they face to become literate in both home and host country systems are particularly tremendous in the pre-departure stage. The difficulties of connecting (and sustaining connection) to dual health and social security systems while in the destination countries affirm the territorial-based and limited nature of the current health and social protection for migrant workers, as well as the lack of coordination between the healthcare and social welfare systems in sending and receiving states. It suggests that unless origin and

destination systems ensure the cross-border portability of health care and social security, migrant workers are highly likely to grapple with multiple social disadvantages and health precarities. None of the Filipino respondents interviewed in this study have returned to the Philippines to claim health and security benefits as retirees. Given that migrant domestic workers are not eligible for a permanent resident visa in all three destinations, the current trend so far suggests that they are most likely to reintegrate to the health and social security systems upon return to the Philippines. Therefore, it becomes imperative that the Philippine government agencies monitor the demographic profile of Filipino migrant workers to better prepare for their retirement migration and reintegration into the country in the coming years.

5. Summary, Conclusion, and Recommendations

This study has surveyed the current scope of knowledge on the health and social security systems literacy of Filipino migrant workers in East Asia, particularly in Japan, Hong Kong, and Singapore. This study also has revisited extant research on migrant health and social security regimes in the Philippines. This scoping research has shown that there is scant scholarship on this subject, whereas existing literature mainly focuses on (barriers to) access to health and social protection for migrant workers in general. We also found that while most literature reviewed did not explicitly "literacy", these studies chiefly used words such as "familiarity", "knowledge" and "awareness" to refer to the same idea. Moreover, relevant studies did not specifically examine the case of Filipino migrant workers. The study echoes the findings of related studies on the limits of OFW social protection and extends the argument beyond evaluating migrant welfare and protection regimes. There is a need to pay attention to the literacy of migrants in the health and social security systems of both sending and receiving states. The ongoing challenges pertain to how the health and social security systems can become inclusive and reduce the barriers that alienate migrant workers so that they develop greater trust and cooperation with these systems.

Findings from qualitative data suggest that most Filipino migrant workers are health and social security systems literate but only to the extent that they are familiar with the basic health and social services available in the Philippines and East Asian countries. While some Filipinos may partly gain an understanding and knowledge of the health and social schemes, most Filipino migrant workers struggle to attain and sustain systems competency because of numerous existing health and socio-economic inequities, as well as barriers to access. Existing disparities in the level of health and social security systems literacy between the Philippines and receiving countries point to the need to reform information dissemination campaigns aimed at increasing the healthcare and social security knowledge of OFWs, especially on the side of the Philippines.

This study stresses the need to conduct place-specific orientation/seminars; PDOS, while also area-specific, needs to be evaluated and strengthened to make sure outbound OFWs are well aware of the migrant health and social security systems of the Philippines. There is a wide gap between the state and OFWs leading to, in many cases, an anti-embassy/government stance on migrant workers. The research also suggests heeding attention to migrants' perceptions and feelings about the indifference of the Philippine state towards their concerns. Philippine embassies should also act as an OFW-servicing center along with other key agencies; they should have their own representative or virtual channels for connecting with OFWs within the area they service. With the incoming formal operation of the Department of Migrant Workers (DMW) in 2023, many Filipino migrant workers interviewed in this study express hope for significant progress to take place in terms of bringing them closer to the health and social

security systems of the home country. This study reiterates their suggestion that the government should strive to expedite and simplify processes involved in accessing and navigating the systems of healthcare and social welfare for migrants. While these changes are taking place, DMW should allow Filipino migrant workers a grace period to transition to the 'new system' governing them in order to familiarize themselves with the ongoing changes in the requirements and procedures.

The Philippine government needs to establish greater portability mechanisms for PhilHealth, SSS, Pag-IBIG, and OWWA. One of the barriers to membership in these government schemes is the distrust that they would benefit from the contribution they would make, which is a reflection of difficulties in access, increase in fees yet limited coverage, and corruption. Increasing ease in contributions (e.g., through digital means like GCash or bank transfers) and minimizing paperwork could boost interest in membership. In addition, the government should invests in developing a database, a unified portal of all related services, and a single ID for OFWs to use when contacting various government agencies besides one's passport would also be helpful. Frequent updates on government agencies' social media accounts can educate OFWs and counter fake news. Free training in technology use before and during migration can help those who do not know how to use computers or mobile applications. This study also recommends that receiving countries should adequately train their healthcare professionals in order to communicate health and social services to migrants in the language they truly understand. The team also suggests medical interpretation to ensure clear and effective communication between both parties. Also, as Filipino migrant women greatly outnumber men in Japan, Hong Kong, and Singapore, a culturally and gender-sensitive healthcare program is a necessity to sufficiently attend to female healthcare workers' sensitive health concerns. To complement such services in receiving countries, PhilHealth should have regional and physical offices in countries where OFWs are densely populated. A virtual office or hotline can also provide medical advice and referrals.

The Philippines should also actively pursue bilateral agreements with destination countries to strengthen the health and social safety nets of OFWs. Both sending and receiving states should conduct further research involving migrant workers to derive their experiences and opinions to further improve healthcare and welfare support access and literacy among them. This is to guarantee their protection and well-being while they serve in the destination country's labor force. Policymakers and researchers should always consider the specific needs of the individual and the target migrant communities in order to make current health and social systems more inclusive (Saito, Kai, and Takizawa 2012).

Finally, we recommend several agendas for future research. First, we suggest that action research be conducted, promoting a health and social security systems literacy campaign that will foster collaboration between migrant NGOs, academics, government agencies, and migrant groups. Second, we suggest organizing information seminars or webinars for Filipino migrant workers towards promoting health and social security programs on social media platforms. Government agency representatives can collaborate with migrant groups to gather migrant workers in a face-to-face or a virtual (e.g., Zoom) setting. Third, we recommend collaboration between online communities of Filipino migrants, social media influencers, and Philippine government agencies on information dissemination through the creation of short Youtube videos or Facebook infomercials on health care and social security programs.

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