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Creating Gender-Responsive Literacy Programs toward Health and Social Security Systems Inclusion of Filipino Migrant Domestic Workers in East Asia

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and Evangeline O. Katigbak-Montoya*



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Health and Social Security Systems Inclusion of Filipino
Migrant Domestic Workers in East Asia

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Abstract

This research aims to examine the gender-responsiveness of the current systems of health care and social protection in the Philippines and East Asia. It also aims to assess the level of health and social security systems literacy of Filipino migrant domestic workers (MDWs) in Hong Kong, Japan, and Singapore, as well as the Philippines. This study resulted in the development of survey tools that included seven measures on the systems literacy of Filipino MDWs. Four of the seven tools were about Philippine government agencies whose mandate includes providing health and social security protection to Filipino MDWs. These agencies are the OWWA, SSS, PhilHealth, and Pag-IBIG Fund. The other three tools focused on the laws and policies regarding health care and social protection to Filipino migrant domestic workers in three destination countries or territories, namely, Hong Kong SAR, Singapore, and Japan.

Findings from the interviews with government agencies and NGO leaders in destination areas, as well as pilot surveys, suggest that while still in the destination countries, Filipino migrant domestic workers tend to sometimes disregard Philippine-based programs and policies that seek to protect their health and social welfare. As a result, the level of literacy in Philippine systems fluctuates while the level of literacy in receiving country systems tends to improve the longer Filipino domestic workers live and work in East Asia, gradually alienating them from the Philippine systems. Yet, despite the availability of health and social pension benefits in the receiving context, Filipino domestic workers who are ageing, part-timers, and low-wage may face greater vulnerabilities and barriers to attaining systems literacy compared to other female migrant workers. The study recommends integrating gender into existing policies on health care and social protection to ensure that they match the specific experiences of different categories of female migrant workers. It further suggests that the Philippine government must periodically update and strengthen the promotion of services and programs on various platforms. To raise the level of Filipino MDWs' systems literacy in Philippine health and social security, the government must strengthen awareness of their policies and services, and improve coordination between the Philippine consulates and embassies regarding labour and legal systems in destination countries that may have implications on the portability of health care and social protection programs for OFWs.

Keywords: Philippines, Japan, Singapore, Hong Kong, health security systems, social security systems, systems literacy, gender-responsive

Table of Contents

1. Introduction	5
1.1 Background of study	6
1.1.1 Statement of the problem	8
1.1.2 General objectives	8
1.1.3 Specific objectives	8
1.1.4 Significance of the study	9
2. Review of Related Literature	10
2.1 Japan's health and social security system	10
2.2 Hong Kong's health and social security system	11
2.3 Singapore's health and social security system	12
2.4 Healthcare and social security systems literacy of Filipino migrant workers in East Asia	13
3. The Philippine Health and Social Security Regimes for OFWs	13
4. Research Gaps	14
5. Research Design and Methodology	15
5.1 Conceptual framework	15
5.2 Research design (study site, data collection methods, target population, sampling method, sample size computation, data analysis/analytical tools)	18
6. Findings	21
7. Discussion and Conclusions	29
7.1 Gender-responsiveness of the current health and social security systems	29
7.2 Assessing mis/match between programs and needs female migrant domestic workers	31
7.3 Creating gender-responsive and inclusive systems for other female domestic workers	32
8. Bibliography	34

List of Tables

Table 1. List of websites used in item generation	19
Table 2. Initial draft of items	22
Table 3. Sample of revisions in items	24
Table 4. Sample of items removed from the item pool	25
Table 5. Sample of items added to the item pool	26
Table 6. Results of the pilot test with 15 participants	27
Table 7. Health security and social security literacy of Philippine government agencies	28
Table 8. Pilot respondents' activities related to health security and social security services and programs	28

List of Figures

Figure 1. Conceptual framework on migrant health and social security systems literacy	16
Figure 2. Trajectories and levels of systems literacy across the migration cycle	17

List of Acronyms

APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
DSWD	Department of Social Welfare and Development (Philippines)
ILO	International Labor Organization
MDW	Migrant Domestic Worker
MOM	Ministry of Manpower (Singapore)
NGO	Non-government Organization
OWWA	Overseas Workers Welfare Administration (Philippines)
OFW	Overseas Filipino Workers
Pag-IBIG	Home Development and Mutual Fund (Philippines)
PDOS	Pre-Departure Orientation Seminar (Philippines)
PhilHealth	Philippine Health Insurance Corporation
PSA	Philippine Statistics Authority
SSS	Social Security System (Philippines)
UHC	Universal Health Coverage

Creating Gender-Responsive Literacy Programs toward Health and Social Security Systems Inclusion of Filipino Migrant Domestic Workers in East Asia

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and Evangeline O. Katigbak-Montoya³***

1. Introduction

There are 1.77 million Overseas Filipino Workers (OFWs), many of whom are domestic workers in Asian countries (Philippine Statistics Authority 2022). As a major source country for domestic workers, the Philippines has produced 1.4 million internal domestic workers and about 500,000 international domestic workers (Philippine Statistics Authority 2020) who perform essential services to thousands of households in East Asian countries like Japan, Hong Kong SAR, and Singapore. With the feminization of labor migration from the Philippines, concerns surrounding the health and social welfare of Filipino women are presumably gendered. This necessitates the inclusion of Filipino migrant domestic workers' health and social welfare in efforts to forge national, bilateral, and regional cooperation between the Philippines and East Asian states. A healthy and socially protected migrant labor force is, therefore, well-informed and integrated into the health and social security systems, as they contribute to the realization of global, regional, and national development goals of sending and receiving countries (Celero, Garabiles, Katigbak-Montoya 2022).

This study aims to understand the literacy of Filipino migrant domestic workers on health and social security protection in both the home and host countries through the development of a survey tool that will measure their understanding of these protection systems. The study focuses primarily on Filipino migrant domestic workers who are based in Hong Kong, Japan, and Singapore. In seeking to understand the knowledge of Filipino migrant domestic workers about related health and social security measures in both home and host countries, the study also underlines the importance of portability and sustainability of health and social security systems in East Asia. Toward these goals, the study developed survey tools that included seven measures on the literacy of Filipino migrant domestic workers. This entailed interviews and consultations with several Philippine government agencies that are focused on ensuring the welfare of migrant workers: Overseas Workers Welfare Administration (OWWA), Pag-IBIG Home Development Fund, Philippine Health Insurance Corporation (PhilHealth), and Social Security System (SSS). Moreover, the researchers spoke with several non-governmental organizations (NGOs) in Hong Kong, Japan, and Singapore that are focused on migrant domestic workers. In addition to these, the study conducted a pilot test of the survey instrument with five migrant domestic workers in the host communities. These research methods served to refine the survey instrument and understand which questions or topics can be classified as basic, average, or advanced knowledge for migrant domestic workers.

This report proceeds as follows: we first foreground domestic work before discussing the objectives and questions pursued in this project. Thereafter, we explain the health and social security systems in Hong Kong, Japan, Singapore, and the Philippines and then discuss the

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methods and findings of the study. We end by underscoring research and policy recommendations to improve the health and social security systems literacy of Filipino migrant domestic workers.

1.1 Background of study

Domestic work is an informal sector of employment fundamental to the functioning of the global economy. There are 67.1 million domestic workers worldwide, 83% of whom are internal domestic workers and the rest are international domestic workers (Gallotti, 2015). According to Convention No. 189, domestic work refers to services and tasks “performed within an employment relationship and in or for a household” (ILO 2011). Domestic work is physically, mentally, and emotionally demanding yet undervalued in terms of wage (Cheung et.al. 2018, Sayres 2011, Batistella et.al. 2011, ILO 2011, Cheng 1996), as well as health care and social protection.

A previous study reveals that Filipino migrant women struggle to access and navigate the health and social systems of the Philippines and East Asia due to multiple barriers such as language, culture, the precarity of (domestic) work, digital illiteracy, and financial difficulties (Celero, Garabiles, Katigbak-Montoya 2022). Female migrant workers in Japan, Hong Kong, and Singapore, sporadically experience exclusion due to irregular payment contributions, and a tendency to prioritize the health and well-being of their own families. Consequently, they possess uneven levels of literacy between the systems in the home and host country. This means that female migrant workers in East Asia generally have a basic familiarity to a partial understanding of the healthcare and social services in the destination than those in the sending country. The research further recommends that sending and receiving countries should commit to ensuring the portability of health and social security benefits and involving migrant workers themselves in designing programs and policies that target particular needs at particular stages of migrant lives.

Aside from the consideration of the different stages of migration, occupation, and age, succeeding research should focus on examining whether the prevailing health and social security risks that Filipino domestic workers deal with are gendered in nature and whether existing health and social security programs and benefits in the Philippines and East Asia are gender-responsive and gender-sensitive. By gender-sensitive, we mean being able to recognize the differences between the needs of not just men and women, but also among women, including how gender shapes various societal concerns (e.g. health care and social security risks) and the ability to respond to such issues (i.e. how health and social risks are addressed). In determining this, evidence-based research can help future health and social security policies to be inclusive by targeting the specific health and social protection needs of Filipino women in domestic work and keeping them in the formal systems of health and social security of both sending and receiving countries.

The Asia Pacific Economic Cooperation (APEC) sets health and social security as two of its primary agendas, evident in the creation of working groups, as well as the formulation of several instruments in the recent decade. For instance, the APEC Health Working Group’s *Strategic Plan 2013-2015* envisions “building health system resilience and supporting healthy populations by enhancing preparedness for effective, equitable and efficient management of emerging and re-emerging infectious diseases with pandemic potential”. To promote a healthy workforce, HWG also recognizes that health matters across the lifespan, thus, targeted approaches are necessary to support the health and well-being among age groups. The APEC Human Resource Development Group also envisions promoting the well-being of all people

through education, capacity building, and social protection. The group also aims to share knowledge, experience, and skills vital to the 21st century and engage with the social dimension of globalization.

The 2016 APEC Women and the Economy Forum held in Lima, Peru affirms strengthened efforts to support the mainstreaming of gender equality, equality, and women's empowerment across APEC's work streams. It pushes for advancing women's digital literacy for economic inclusion, acknowledging that empowering particularly indigenous and rural women is key to the well-being of families and communities. There is a need for public policies to allow for better access to credit, health care, education, and assets (Celero, Garabiles, Katigbak-Montoya 2023). The event calls for more data on gender-specific indicators in digital leadership. The declaration, while targeting women at the margins, does not stress the literacy gaps among women in various occupational sectors, but emphasizes the development of innovative measures to enhance women's empowerment, and seek their inclusion in health, education, innovation, and technology.

The 2016 Renewed APEC Agenda for Structural Reforms and IAPs of member economies; APEC Services Competitiveness Roadmap (Nov. 2016) which sets out objectives to promote: (i) wider access to more efficient and a greater variety of services for APEC and its people; and (ii) job creation and growth while promoting social inclusion and human development, among others. In the same year, the 2016 Leaders' Declaration urged for effective economic, financial, and social inclusion of women, the elderly, youth, and rural communities as well as disadvantaged or vulnerable groups such as Indigenous peoples and persons with disabilities.

Based on the 2016 Asian Development Bank (ADB) reports titled "Social Security Index: Assessing the results of the Asian region" and "Social Security Index: Assessing the regional results Pacific", the overall national social security system in the Asian-Pacific region currently fails to meet the needs of the working poor, the vulnerable, and women in comparison with men. The APEC 2017 Priority goals included "Promoting Sustainable, Innovative and Inclusive Growth", while the APEC 2018 held in Papua New Guinea pushed for advancing regional economic integration and promoting sustainable, inclusive growth. The theme for APEC 2019 which took place in Chile highlighted the relevance of a "people-centric" concept through Integration 4.0, and Women, SMEs, and Inclusive Growth. A critical point in the summit declaration is increasing integration among people (migrant workers included) in the region. These previous priority areas are re-affirmed in the recently concluded 2022 APEC Thailand, particularly promoting inclusive and sustainable growth, and reconnecting the region, encouraging Asia-Pacific countries to increase investment in health as well as social security to rebuild economies and societies. It affirms the need to "continue our efforts to improve digital solutions and access to health services, and strengthen health systems to achieve universal health coverage" (APEC Economic Leaders Meeting Declaration 2022).

With the 2023 Summit in the US, APEC affirms the need for cross-border and regional cooperation to advance women's economic inclusion. Similarly, the upcoming 2024 APEC Summit to be held in Peru echoes the need to create innovations and opportunities for empowering informal economic actors toward their transition to a formal and global economy. This priority agenda presumably should translate into workers' integration into social welfare and health systems.

Heeding the recommendations of previous research and the priority agendas of the APEC, this action research aims to develop a survey tool to measure the literacy of Filipino migrant domestic workers in East Asia on the health and social security systems in both home and host countries and propose gender-sensitive programs to advance literacy on these systems. Health

and social security systems literacy is defined in this study as migrant competency characterized by having familiarity with, understanding, and being knowledgeable on the information and services of the health and social security systems in either or both origin and destination states (Celero, Garabiles, Katigbak-Montoya 2022). Being literate is inextricably linked to the portability of healthcare and social protection, and is a measure of sustainable development and migration governance in both sending and receiving countries. The current study aims to include and empower Filipino female domestic workers by seeking their voice and participation in the development of gender-sensitive literacy programs, in collaboration with government agencies, migrant NGOs, and academics involved in this project.

1.1.1 Statement of the problem

The research aims to illuminate the following questions:

1. To what extent are existing health and social security systems programs in the Philippines gender-responsive to the health and social security risks across the migration cycle?
2. Do existing health and social security programs in East Asian countries (Japan, Hong Kong SAR, Singapore) match the specific health and social security needs of its female migrant domestic workers?
3. How can the health and social security systems become more inclusive of women who are: a) ageing, b) part-timers, and c) low wage?

1.1.2 General objectives

The aim of the study is four-fold:

1. To examine the gendered nature of health and social security risks that Filipino female domestic workers face across their migrant lives.
2. To promote portability, coverage, and sustainability of East Asian social and health security systems;
3. To advance the rights of female migrant workers to decent work, as well as health and social protection;
4. To empower Filipino women in the domestic sector by fostering leadership and cooperation between them, migrant support organizations, and the government in sending and receiving countries in East Asia.

1.1.3 Specific Objectives

1. Develop tools to measure the health and social security literacy of Filipino migrant domestic workers, covering the health and social security programs in the Philippines and East Asian countries.
2. Conduct a workshop with key government agencies in the Philippines and East Asian countries, migrant NGOs, and migrant leaders to present the initially developed tools.
3. Implement an initial survey with Filipino domestic workers in Japan, Hong Kong, and Singapore using the finalized tools.

1.1.4 Significance of the study

In committing to advance gender equality, women empowerment, and a sustainable and inclusive economy, the present research responds to the theme and priority areas of APEC USA 2023 as well as APEC Peru 2024. In particular, the study contributes to the discussions on innovation and empowerment of informal economic actors for their transition to the formal and global economy, and sustainable growth for development. Moreover, this research locates social and health security literacy issues among Filipino female low-wage migrants in East Asia, specifically Japan, Hong Kong, and Singapore. Our earlier study on migrant health and social security systems literacy in East Asia (see Celero, Garabiles, and Katigbak-Montoya 2022) revealed the basic (i.e. familiarity) level of literacy of OFWs regarding health and social systems of protection in both home and host countries. There are some adverse implications of such a state of systems (il)literacy of migrant workers. Among others, migrant workers' vulnerabilities to multiple shocks – whether health-wise, economic, etc – are heightened when they are not covered by health and social insurance, or when their knowledge about migrant health and social security regimes that are available for them in both host and home countries are limited. Thus, this study is important because, first, it will connect migrant workers with the relevant Philippine institutions that are mandated to protect them to address concerns about their systems (il)literacy. Second, this study will identify migrant health and social protection needs at various points in the migration cycle and, to a certain extent, aid relevant Philippine institutions in matching their programs to the specific needs of OFWs.

By investigating social and health literacy policies for Filipino migrants in East Asia, the project also aligns with the global and national agenda. At the global level, the project seeks to contribute to the advancement of the United Nations Sustainable Development Goals (United Nations Department of Economic and Social Affairs 2015), particularly goals 1 (end poverty), 3 (good health and well-being), and 8 (decent work and economic growth). The project's aims also correspond with the Global Compact for Safe, Orderly, and Regular Migration (United Nations General Assembly, 2019), specifically objectives 6 (facilitate fair and ethical recruitment and safeguard conditions that ensure decent work), 7 (address and reduce vulnerabilities in migration), 14 (enhance consular protection, assistance, and cooperation throughout the migration cycle), 15 (provide access to basic services for migrants) and 22 (establish mechanisms for the portability of social security entitlements and earned benefits).

On the regional scale, the project is aligned with APEC USA's priority areas, notably women's economic inclusion, empowerment of informal economic actors for their transition to the formal and global economy, and, the promotion of inclusive and sustainable growth in Asia-Pacific economies. As societies in East Asia currently face demographic and productivity challenges, the utility of migrant labor should bolster more inclusive health and social protection of migrant workers stimulating their economies. The findings of this research provide evidence that Asia-Pacific countries need to boost investment in health as well as social security both towards a sustainable and inclusive post-COVID-19 pandemic recovery.

At the national level, the Philippines has adopted the AmBisyon Natin 2040 Philippine Development Plan. The AmBisyon Natin 2040 envisions “mitigating risks faced by vulnerable groups” through intensifying social protection programs for OFWs and their families, organizing and supporting OFWs family circles, improving the social pension system, and establishing a council for the welfare of older persons. Secondly, the national government aims to manage economic risks by establishing unemployment insurance, enhancing social protection for the informal sector, strengthening mechanisms to ensure enrollment in the social security system, and ensuring successful socio-economic integration of OFWs and their families. Thirdly, the country's development plan aims to achieve universal social protection through adopting and institutionalizing the social protection floor, developing a medium-term

social protection floor, mainstreaming social protection in the local development process, implementing a social protection statistical framework, and building the capacity of program and local planners in anticipating planning (multi-scenario analysis). Aligned with the 2040 Development Plan is the Philippine Development Plan of 2017-2022 which affirms the commitment of the Philippine government to protect the rights and improve the well-being of OFWs and their families, by ensuring their access to health insurance and social security.

2. Review of related literature

The scoping study on migrant health and social security systems literacy in East Asia (Celero, Garabiles, and Katigbak-Montoya 2022) revealed the current scarcity of research investigating the health and social security systems literacy of Filipino migrant workers in East Asia. Their scoping review identified only 60 studies that met their eligibility criteria that focus on migrant literacy of health and social protection regimes in the Philippines, Japan, Hong Kong SAR, and Singapore. Such a limited focus on an important component of migrant work heightens the need to pay more detailed attention to migrant welfare, especially their literacy and access to health and social protection. Using the aforementioned scoping review as a basis, we elaborate on the current scope of knowledge on migrant literacy of health and social security systems. We bring to light the health and social security systems in the Philippines (sending country) Japan, Hong Kong, and Singapore (receiving countries in East Asia), as well as the enabling mechanisms and barriers that constrain migrant workers' systems literacy. In doing so, we highlight our proposed project's engagement and contributions to the emerging current related literature.

2.1 Japan's health and social security system

Previous literature underscores notable characteristics of the health and social security systems of Japan. First, the persistence of health inequalities between Japanese and non-Japanese can be attributed to the restrictive nature of Japan's migration policies (Kinoshita and Oka 2018; Komatsu and Sawada 2007). Second, extant studies account for gender in defining the prevailing health differences, particularly between female Japanese and migrant workers. Two studies suggest that pregnant migrant women face more barriers compared to Japanese women in accessing maternity healthcare (Kita et al. 2015, Igarashi et al. 2013). The latter research shows that migrant women face severe loneliness and care satisfaction due to inability because of limited language abilities vital for communicating with medical professionals at hospitals.

Thus, the third key finding from existing literature points to the limitation of the systems in reducing cultural and linguistic barriers (Igarashi et al. 2013, Uayan et al. 2009, Yasukawa et al. 2019). These studies recommend that Japan should endeavor toward training its healthcare professionals and investing in medical interpretation services to adequately address the healthcare and social protection needs of its migrant population. These conditions will not only lead towards robust health and social security systems but will also further promote a multicultural society in the future.

2.2 Hong Kong's health and social security system

In terms of the health of MDWs in Hong Kong, much of the literature has highlighted their negative health status. Physical health is poorer than that of Hong Kong locals (Chung and Mak 2020), which is often attributed to the requirement that they live in their employers' homes, thereby making them susceptible to abuse and uncondusive living conditions (Bagley et al.

1997; Bandyopadhyay and Thomas 2002; Chung and Mak 2020). Their sexual health has also been studied, wherein they were shown to be 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), though most MDWs had normal pap smear results (Holroyd et al. 2003). Psychological consequences of migration have also been studied, with many MDWs experiencing loneliness, worries, and relational problems with their left-behind partners, children, and other relatives (Bagley et al. 1997).

In contrast, there are a few studies that revolve around what could account for better health status. Demographic background matters. Longer work experience in Hong Kong, sound Cantonese language skills, not having dependents, higher educational attainments, higher salaries, having the ability to send remittances consistently, and being able to return to the Philippines for regular visits were found to be linked with better health (Bagley et al. 1997; Chung and Mak 2020). Certain coping strategies were also connected with better health, namely, regular socialization with fellow MDWs or the Filipino community, engagement in religious activities, perceiving emotional and material support, positive reframing, and acceptance of their situation (Bagley et al. 1997; Chung and Mak 2020; Yeung et al. 2022).

In terms of social security, past research has posited that the system in Hong Kong is favorable for MDWs (Ford and Piper 2007; Ofreneo and Samonte 2005; Vilog and Pioscos 2021). One major reason is the inclusion of MDWs in the territory's employment ordinance, which details workers' basic rights and protection (Ford and Piper 2007). Another is the tolerance for pro-foreign worker activism and the presence of informal channels consisting of migrant worker organizations, NGOs, and transnational networks (Ford and Piper 2007).

Nevertheless, MDWs do not share some of the privileges that other workers have. This is because MDWs are barred from becoming permanent workers in Hong Kong and entering higher-paying industries (Ford and Piper 2007). MDWs are also bound by a two-week rule that limits their ability to seek employment after termination (Ofreneo and Samonte 2005). The gap in treatment became more evident during the pandemic, as MDWs were subjected to greater mobility restrictions and yet were excluded from governmental financial support and protection from contract violations and termination (Vilog and Pioscos 2021).

2.3 Singapore's health and social security system

Singapore's health and social security system, especially with respect to the migrant domestic workers often highlight the required biannual (every six months) required medical screening for pregnancy, HIV and other diseases and the ban on marrying citizens and permanent residents (Choi and Lyons 2012; Lam et al. 2006; Wong 1996; Yeoh 2006). In recent years, there has been a focus on the shifts in institutional practices aimed at reducing the vulnerabilities faced by MDWs in the past decade (Yeoh, Goh, and Wee, 2020). In addition, there have been efforts to underline to the role of the state as well as civil society in asserting migrant rights, and empowering migrants through information dissemination of related social services that are available for them (Yuen and Paul, 2020).

Singapore has made several improvements in the provision of healthcare for migrant workers since the Covid-19 pandemic. For instance, it has enforced a mandatory increase in the insurance coverage of migrants. However, it has yet to include migrant workers in the government-run Universal Health Coverage (UHC) systems (Guinto, Curran, Suphanchaimat,

and Pocock, 2015). Their inclusion is necessary if Singapore is to adhere to the ASEAN's Declaration on the Protection and Promotion of the Rights of Migrant Workers signed in 2007.

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

The majority of related studies have examined access, and not literacy, to available health and social services. In Japan, studies reiterate the following factors that affect Filipino's healthcare and social security access: low Japanese language proficiency, socio-economic category, and lack of knowledge of relevant services (Sioson 2017); gendered nature of the social support (Celero 2014; 2021); and, legal status and permanent residency to these benefits (Villa 2021).

In Hong Kong, related studies noted that MDWs' healthcare information-seeking behavior is, in general, treatment-related; and, prevention-related (e.g. herbal supplements) (Bernadas and Jiang 2016). There were two types of health resources that could facilitate healthcare seeking and literacy: professional and nonprofessional resources (Piosos et al. 2022). Professional sources include doctors and nurses (Bernadas and Jiang 2016).

In Singapore, related studies identified the difficulty of navigating the healthcare system in Singapore largely because of healthcare costs, language barrier, and the fear of losing their jobs because of illness (Anjara, et al., 2017). Moreover, Filipino MDWs in the city-state tended to be "somewhat ill-informed" about their workplace entitlements (Yuen and Paul, 2020).

3. The Philippine health and social security regimes for OFWs

While the Philippines remains a major supplier of migrant labor to different countries especially in the Global North, there is limited scholarship on the health and social security regimes for OFWs, including migrant workers' literacy on these programs and policies. Efforts from the Philippines' end to provide social and health security for OFWs include, among others, mandatory health insurance programs for OFWs and their dependents; disability, death, and burial, education and training, repatriation and reintegration programs courtesy of OWWA; and, access to government loans for housing, calamity, and other purposes through SSS and Pag-IBIG (Orbeta., 2016; Tabuga et al. 2021).

Despite these, however, there are several barriers hindering OFWs from enjoying or availing of these protections. The lack of portability of PhilHealth insurance, for instance, is a major factor in the inability to access this protection. In addition, the amount they can claim is meager compared to the hassle they have to go through in filing claims or reimbursements is a huge factor that puts off many OFWs.

4. Research gaps

Building on the scoping study previously conducted, we found that there are several limitations in the existing literature on health and social security systems and migrant workers' literacy on these systems. First, the concept of migrant health and social security literacy exists in some studies reviewed but an accurate definition does not (Celero, Garabiles, Katigbak-Montoya 2022). Some of the related words/phrases are: "knowledge", "understanding", and "familiarity" with health and social services. Most studies focus on the disparity in access to health care and social protection between citizens and migrant workers (in general) in

destination settings (Kinoshita and Oka 2018, Komatsu and Sawada 2007, Igarashi et al. 2013, Chung and Mak 2020; Hall 2012).

Second, most studies on migrant workers' health and social security systems focus more on accessibility than literacy. Gaps in access and in, albeit, the attainment of systems literacy, are due to: 1) the restrictive nature of receiving country systems (Ford and Piper 2007; Henderson 2020; Ofreneo and Samonte 2005; Vilog and Piosos 2021), and 2) limited coverage as well as infrastructure particularly in the Philippines (Orbeta 2019; Guinto et al. 2015). Third, there is also limited research on the systems literacy of Filipino migrant domestic workers in particular because they tend to be either: 1) subsumed to larger migrant worker samples (Kita et al. 2015), or 2) excluded from legal/visa systems which affects their access to health care and social welfare (Villa 2021; Henderson 2020). Lastly, studies that include Filipino migrants need to consider factors such as gender, visa status, occupation, and period of stay in the destination country, as well as the intersectionality of these factors in explaining migrant literacy. Given that domestic work is largely a female occupational category, there is a tendency in research to depict domestic workers as a homogenous group (Yeoh, Goh, and Wee 2020). There is therefore a need to nuance the changing and differing health and social security needs and vulnerabilities of female domestic workers needs to be accounted for in explaining migrant systems literacy (Igarashi, Horiuchi, and Porter 2013, Kita 2015, Celero 2014, 2021; Villa 2021; Ford and Piper 2007; Yuen and Paul 2020)

It is also at these disjunctures that our study contributes. First, our project addresses the scarcity of studies that deal with migrant workers' literacy on health and social security systems in East Asia. Second, our work underscores the importance of understanding health and social security systems literacy, which will aid in the development of tools to measure the effectiveness of related government (home and host) programs. Finally, in shedding light on the case of migrant domestic workers who are mostly women, we contribute to mainstreaming gender-sensitive migrant health and social protection policies, especially in the home countries.

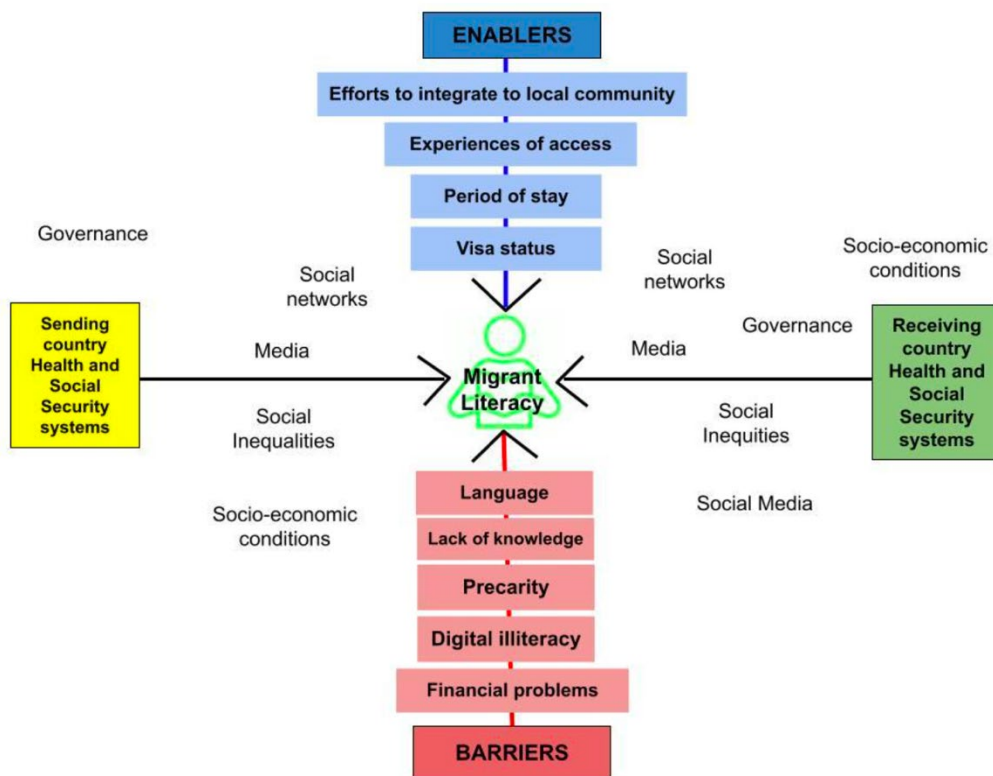
5. Research design and methodology

5.1 Conceptual Framework

This study builds on an earlier study of the proponents that identified the mechanisms enabling and constraining migrants' knowledge and navigation of health and social security systems in both home and host countries (Celero, Garabiles and Katigbak-Montoya 2022). In the current study, the investigators are putting forward a conceptual model that 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 (see Figure 1). Through this model, we define health and social security systems literacy as "a complex process inextricably tied to the portability of health and social security throughout the migration cycle, and as an individual migrant's skill or competency that is an outcome of their 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" (Celero, Garabiles, Katigbak-Montoya 2022).

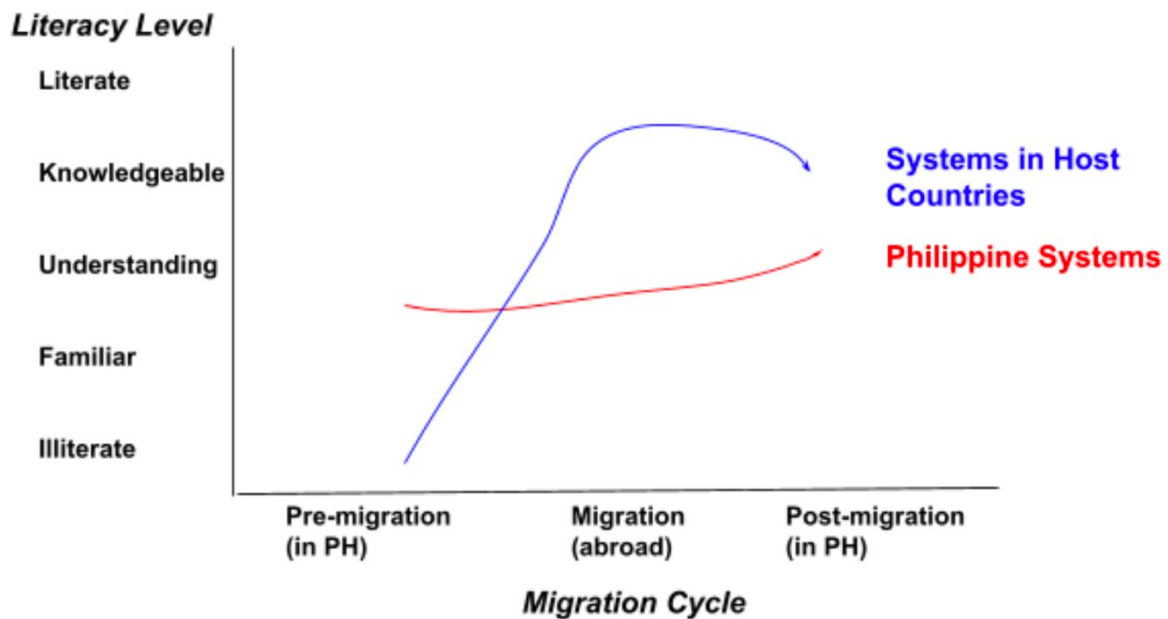
At the core of this conceptual framework are the migrant workers, specifically their ability to overcome barriers to accessing and learning about the health and social security systems in both home and host countries, including but not limited to language and cultural differences, the precarity of work, digital illiteracy, and financial constraints. Migrants' ability to navigate such systems is increased when they secure particular visa status, become integrated into local communities, and accumulate experiences of obtaining health and social support the longer they live and work in the host country. Moreover, a repertoire of enabling mechanisms, which include media, and formal as well as informal channels of support (e.g. employers, church), reinforces migrants' agency in subduing the socio-economic inequalities pervasive in both the sending and receiving country.

Figure 1. Conceptual Framework on Migrant Health and Social Security Systems Literacy



The above conceptual model is complemented by what we argue as trajectories and levels of systems literacy across the migration cycle (Figure 2).

Figure 2. Trajectories and Levels of Systems Literacy across the Migration Cycle



Migrants’ systems literacy, as in any other skill, may improve or deteriorate over time, across space, and systems of health and social welfare systems. The ability of migrant workers to navigate the barriers that constrain literacy and build upon the enabling mechanisms that heighten it is also correlated with the migration cycle. We argue that health and social security systems literacy is a cognitive skill attained through an accumulation of experiences of accessing the systems that migrant workers may gain or lose across the migration process. As Figure 2 above shows, being systems literate denotes “*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” (Celero, Garabiles, Katigbak-Montoya 2022).

Being familiar with systems constitutes the most basic level of migrants’ literacy. Thus, we conceive of “familiarity” as being aware and possessing baseline information about the health and social welfare services and programs available to them, which might come from membership to, for instance, insurance systems before leaving the country, or having attended PDOS rendered by OFW-related agencies before departure from the Philippines. In the host country, familiarity with the basic services and programs comes from the local government upon registration, through migrant networks, or their employers. Periodic navigation of the systems in the home and host countries, their literacy elevates to the level of understanding. Meanwhile, at the level of “understanding”, migrant workers overcome socio-economic inequities, language, and cultural barriers to accessing and learning about health and social protection typically in destination countries. The highest level of literacy occurs when migrants possess knowledge about the systems over a considerable time. Being “knowledgeable” of the systems, they independently access the systems of healthcare and social security with minimal to without communicative support and secure the latest information about the health and social security systems of either or both home and host countries. At this stage, migrant workers who are most systems literate recognize the complementary (rather than competing), totalizing, and portable features of the social and health security systems of sending and receiving countries.

Whether they are an agency or a direct-hire, first- or long-time overseas migrants, with or without employment experiences in the Philippines, Filipino migrant workers may be systems illiterate for lacking membership to SSS, PhilHealth, or Pag-IBIG. Illiteracy or the lack of knowledge of the systems may also occur to OFWs denied residency or legal status in countries of destination. Having an undocumented status can be perceived as a barrier as well to accessing the systems that tend to protect regular and legally employed migrants.

While it is obvious that prioritizing systems literacy at the pre-departure stage reduces related vulnerabilities of migrant workers and ensures that they are already protected should unforeseen disruptions in their migration journey occur (e.g. job loss, repatriation) or even during return to the home country, this does not always happen. Therefore, it is important to pay attention to how the migration cycle coincides with migrants' health and social security literacy. Their intersection not only shows the attitudes of migrants concerning health and social security but also reveals at which stage of their migration trajectories they consider its importance. Moreover, it also addresses the need to match the health and social protection services provided by the home state to the needs of migrant workers during the different stages of the migration cycle.

As mentioned, since domestic work is a female-dominated occupational sector, this study takes a gender perspective in examining the design, implementation, and results of the survey tools based on existing programs and policies of origin and destination countries. Gender is a social construct that differentiates the roles, responsibilities, and statuses of men and women. Taking a gender perspective entails nuancing the experiences and needs for health care and social protection of different female domestic workers. While domestic work is a female-dominated occupational sector, they do not constitute a homogeneous group. Thus, it is important to examine the intersection between gender and other social determinants of health and social welfare such as age (i.e. old/ ageing), occupational status (i.e. part-timer), legal and residential status (Crenshaw 1991, Carbado et. al. 2013). In this study, we argue that domestic workers who are ageing, part-timers, and low-wage may face greater barriers in attaining literacy on health and social security systems compared to others. Health and social security systems programs, we further suggest, are gender-responsive or sensitive only if they: 1) reflect the changing health and social security realities of female domestic workers; 2) consider the unique and shared needs of the different groups of domestic workers who are: a) ageing, b) part-timers and c) low wage, 3) can reduce poverty and achieve gender equality (UNICEF 2020); 4) value the voice, experience, and perspectives of women in the domestic sector.

The research, thus, examines the nexus between gender, migration, domestic work, health, and social security systems through the development of tools for assessing the literacy levels of Filipino domestic workers in East Asian countries.

5.2 Research design (study site, data collection methods, target population, sampling method, sample size computation, data analysis/analytical tools

We developed seven tools in this study. Four of the seven tools were about Philippine government agencies whose mandate includes providing health and social security protection to OFWs, including migrant domestic workers. These agencies are the OWWA, SSS, PhilHealth, and Pag-IBIG Fund. Three of the six tools were about the laws and policies regarding health and social security protection for Filipino migrant domestic workers in three destination countries or territories, namely, Hong Kong SAR, Singapore, and Japan. To

accomplish these aims, there were two phases of tool development: item generation and selection, followed by item analysis (Fenn, Tan, & George 2020).

Phase 1: Item generation and selection

Item generation and selection involve drafting the items (Fenn, Tan, & George 2020). We based the items on our scoping review, interview, and focus group discussion data from the earlier study on migrant health and social security systems literacy in East Asia (see Celero, Garabiles, Katigbak-Montoya 2022), our other past research (e.g., Hall et al. 2019; Katigbak, 2015), Philippine government agencies' official websites and social media accounts, and destination countries' official labor websites.

Table 1. List of websites used in item generation

Agency/ Country	Websites
OWWA	<ul style="list-style-type: none"> OWWA website: Overseas Workers Welfare Administration (owwa.gov.ph)
Pag-IBIG Fund	<ul style="list-style-type: none"> Pag-IBIG website: Corporate Pag-IBIG Website (pagibigfund.gov.ph)
SSS	<ul style="list-style-type: none"> SSS website: Republic of the Philippines Social Security System (sss.gov.ph)
PhilHealth	<ul style="list-style-type: none"> PhilHealth website: https://www.philhealth.gov.ph PhilHealth YouTube account: https://www.youtube.com/@teamphilhealth
Hong Kong	<ul style="list-style-type: none"> Labour Department – Foreign domestic workers: https://www.fdh.labour.gov.hk/en/fdh_corner.html Labour Department – Employment contract: https://www.fdh.labour.gov.hk/res/pdf/2017_SEC_Eng.pdf
Japan	<ul style="list-style-type: none"> Tokyo Metropolitan Government website: Home - Tokyo Metropolitan Government Tokyo Metropolitan Government Bureau of Social Welfare: Bureau of Social Welfare, Tokyo Metropolitan Government Tokyo Intercultural Portal Site: Tokyo Intercultural Portal Site (TIPS) (tokyo-tsunagari.or.jp) Japan Pension Service: 国民年金 (こくみんねんきん) / National Pension System 日本年金機構 (nenkin.go.jp)
Singapore	<ul style="list-style-type: none"> Singapore Ministry of Manpower: https://www.mom.gov.sg/

Item generation and selection also involve deciding on the test format (Fenn, Tan, & George 2020). The measures were all self-reports in forced-choice format. There are three response options, namely, True (Tama), False (Mali), and Don't Know (Hindi sigurado). Some items will be reverse-coded. The number of correct responses will be added, wherein higher scores will denote higher literacy.

Phase 2: Item analyses

The second phase consists of qualitative and quantitative item analyses (Fenn, Tan, & George 2020). Qualitative item analysis included ensuring sensitivity of test item wording (e.g., the items are easily understandable, the wording of the items matches the response option, items

are relevant to migrant domestic workers' experiences, etc.) Quantitative item analysis involves statistical analysis of survey data on the seven tools.

Qualitative item analysis. Qualitative item analysis consisted of two parts: (1) obtaining feedback on the initial item pool from representatives from OWWA, SSS, Pag-IBIG Fund, PhilHealth, non-government organizations, and migrant organizations, and; (2) pilot-testing revised tools. We had 33 participants in all.

All recordings and notes were uploaded to password-protected computers and cloud storage. These were made available only to research team members.

Obtaining feedback on the initial item pool. Our participants consisted of 12 Philippine government workers (seven females), 11 NGO workers (nine female; four from Hong Kong, four from Japan, and three from Singapore), and 1 migrant organization member (female, Hong Kong). There were 24 in total. Some were past collaborators and were already known to us, while the others were contacted through their work email. We used individual interviews and focus group discussions to obtain their feedback. During data collection, we first explained the objectives of the study and invited them to consultation meetings. When they agreed, we sent them a draft of the initial item pool to review before the consultation meetings. We also informed them that we would ask them if the items were correct and exhaustive, and if the items were basic (all or most migrant domestic workers know about the policy or law), average (many migrant domestic workers know about it), or advanced (only a few migrant domestic workers know about it). These consultation meetings were conducted via Zoom. They lasted one to one and a half hours. We used Zoom to record the meetings and took notes as well. The feedback was used to refine the item pool.

Pilot-testing revised tools. We also pilot-tested the entire survey with 15 Filipino migrant domestic workers. There were five participants each from Hong Kong, Singapore, and Japan. We selected the participants through our contacts and referrals from our contacts. We informed them of the study's objectives and then scheduled our Zoom video calls for individual interviews or group discussions with 2-3 participants each, depending on their availability. During the interviews or group discussions, we started with a short orientation, then we gave them time to answer the surveys on their gadgets. We reconvened afterward, where we asked for their feedback regarding the ease of navigating the survey and the understandability of the items and the instructions. We recorded the discussions via Zoom and through note-taking. The participants were given PhP 500.00 as an incentive, which was sent to their GCash accounts. The interviews/group discussions lasted one and a half to two hours; 30-45 minutes of which participants spent on answering the surveys. When needed, they asked questions while answering the survey either via Zoom or Messenger. We used their feedback to further improve the survey items, the instructions, and the survey page.

Quantitative item analysis. The tools will then be disseminated to a large sample of Filipino migrant domestic workers from Japan, Hong Kong, and Singapore. Data from at least 150 participants per destination country (total = 450) will be collected using online questionnaires. Inclusion criteria include current migrant domestic workers in one of those countries and having valid visas or work permits. They will be recruited through convenience and snowball sampling. As an incentive, participants will be included in raffle draws where 5 winners per destination country (total = 15 winners) will win PhP 1,000.00 via GCash or PayMaya.

Apart from the tools that will be developed, the online surveys will include short measures on the following: demographic information (age, years in destination country, years abroad (all destination countries), years as domestic worker, marital status, number of children, educational attainment); hours of work per week; the number of days off per month; general knowledge about OWWA, SSS, PhilHealth, and Pag-IBIG Fund from the pre-departure orientation seminar (PDOS) in the Philippines; attendance in seminars about OWWA, SSS, PhilHealth, or Pag-IBIG Fund; utilization of programs or services of OWWA, SSS, PhilHealth, or Pag-IBIG Fund; perceived general health; and health conditions. These variables will be used to establish known-group validity, which aims to measure a tool's ability to distinguish between distinct groups (Rodrigues et al. 2019).

Quantitative item analysis will then be conducted (Fenn, Tan, & George 2020). One point will be assigned to each 'yes' answer, while zero will be assigned to each 'no' or 'don't know'. Chi-square analysis will be used to check if items in one tool are clones or are too similar to each other. T-tests, analysis of variance, and chi-square tests will be used to establish known-groups validity. That is, it is expected that participants who will have higher scores in the tool (hence have greater knowledge about government programs and services, and laws and policies in the destination country) will be found among those who have: worked abroad longer, have higher educational attainment, fewer hours of work per week, more day-offs per month, higher perceived general knowledge about government, greater perceived general knowledge about government programs and services, attended PDOS, attended other seminars, utilized programs or services, lower perceived general health, and more health conditions. The significance level will be set at $p\text{-value} = .05$. The results will be used to determine the final set of items per tool. Cutoff scores will also be computed to investigate the scores that will differentiate between those who are literate, knowledgeable, have an understanding, familiar, and illiterate. The statistical software Statistical Packages for the Social Sciences or SPSS will be used.

6. Findings

Phase 1: Item generation and selection

Only information applicable to females and migrant domestic workers was considered as the basis for item generation. Thus, we generated items related to the promotion and protection of maternal, physical, and mental health (e.g., health benefits for women, annual leaves, and weekly day-offs). We also included items about the protection of their rights as women, such as their privacy in terms of accommodations and their right to be free from discrimination when they get pregnant (e.g., maternal leaves, protection from termination).

We also ensured that the items were relevant to their status as migrant workers. For example, for the Hong Kong and Singapore measures, we developed items regarding stay-in accommodations because migrant domestic workers are required to live in their employers' homes in these places. We also added items related to the portability of health and social security systems, e.g., access to the systems online.

Table 2 shows examples of the draft of items we created.

Table 2. Initial draft of items

Agency/ Country	Source of information	Information from source (verbatim)	Item in English	Item in Filipino
OWWA	Brochure and website	Death Benefit - insurance benefits to survivors of deceased OFWs who were active OWWA members at the time of death. The beneficiary is entitled to Php100,000.00 for deaths due to natural causes.	Survivors of deceased OFWs who died of natural causes are entitled to Php100,000.	Ang mga naulila ng OFW na namatay dulot ng natural na dahilan ay maaaring makatanggap ng Php100, 000.
Pag-IBIG Fund	Interview data with Pag-IBIG staff	Offers short-term cash and calamity loans equivalent to 80 percent of the total contributions payable for 2-3 years.	Pag-IBIG offers short-term cash and calamity loans payable for 2-3 years.	Ang Pag-IBIG ay nagbibigay ng short-term cash at calamity loans na maaaring bayaran sa loob ng 2-3 taon.
SSS	Interview data from SSS employees	“Subject to eligibility and qualifying conditions, the SSS provides monthly pensions for long-term benefits (retirement, disability, and death).”	SSS provides monthly pensions for long-term benefits (retirement, disability, and death).	Ang SSS ay nagbibigay ng buwanang pensiyon para sa pangmatagalang benepisyo (halimbawa: pagreretiro, kapansanan at kamatayan).
PhilHealth	Website	“OFWs may avail of the flexible payment terms offered by Phil Health by just paying an initial amount of P2,400 and the balance may be settled in the next 12 months.”	Among overseas Filipino workers, the PhilHealth initial contribution or payment costs P2,400.	Para sa mga overseas Filipino workers, ang unang kontribusyon o initial payment sa PhilHealth ay P2,400.
Hong Kong	Labour Department – Handbook for Foreign Domestic Helpers	The SEC is a very important document and you should keep the original of your signed contract. If an EA assists an employer and an FDH in handling the SEC, the EA should provide the original of the SEC (signed by both parties) to the employer and the FDH as soon as practicable after completion of the procedures. If the SEC cannot be signed by both	Foreign domestic workers have the right to have a copy of the original signed Standard Employment Contract.	May karapatan ang mga dayuhang domestic worker na magkaroon ng orihinal na kopya ng pinirmahan nilang Standard Employment Contract.

		parties at the same time, the EA should still provide a copy of the SEC that has been signed by you for your retention.		
Japan	Tokyo Metropolitan Government website (National Health Insurance Division)	Payments for seeing a doctor or purchasing medicines can be reduced by paying "insurance premiums" every month. All residents in Japan must be enrolled in a health insurance program through their employer or the municipality where they live. Foreigners who live in Japan for more than three months also must be enrolled in a health insurance program.	Foreigners residing in Japan for more than three months are required to be enrolled in a health insurance program.	Ang mga dayuhang naninirahan sa Japan ng higit sa 3 buwan ay kailangang mag-enroll sa health insurance program.
Singapore	Ministry of Manpower (MOM) website	You need to buy an MI with coverage for inpatient care and day surgery during your helper's stay in Singapore of at least: (For policies with a start date effective before 1 July 2023) \$15,000 per year (For policies with start date effective on or after 1 July 2023) \$60,000 per year.	Employers of MDW in Singapore must buy medical insurance (MI) with coverage for inpatient care and day surgery during your helper's stay in Singapore.	Ang employer o amo ng isang domestic worker o kasambahay ay kinakailangan bumili ng medical insurance na may kasamang inpatient care at day surgery para sa kanilang mga manggagawa habang sila ay nagta-trabaho sa Singapore.

Phase 2: Item analysis results

Qualitative item analysis results. Participants' comments and suggestions to the initial item pool were used to revise the phrasing and content of the items. For example, one of the original PhilHealth items was "Female members with cervical cancer may be eligible for benefits". However, the participants from PhilHealth clarified that for cervical cancer (and other serious illnesses), members need to meet an additional set of qualifications to be eligible for the benefits. This requirement was thus added to the item, which was revised into: "Female members with cervical cancer are eligible for benefits if they meet the qualifications."

Another example was an item about rest days in the Hong Kong measure. The original item read, "Foreign domestic workers have the right to one 24-hour rest day per week", but the NGO workers and a migrant organization member clarified that the 24 hours should be continuous and that it is possible for migrant domestic workers not to have a rest day if the employer is faced with an emergency or when the migrant domestic worker agrees not to have a rest day.

The original item was then tweaked into: “Foreign domestic workers have the right to at least one continuous 24-hour rest day per week unless there is an emergency or they agree not to have one.”

For other examples, refer to Table 3.

Table 3. Sample of revisions in items

Agency/ Country	Original item in English/Filipino	Revised item in English/Filipino	Rationale for change
PhilHealth/ Philippines	<p><i>English:</i> PhilHealth has an online portal where members may view the list of benefits that they may be eligible to obtain.</p> <p><i>Filipino:</i> Ang PhilHealth ay mayroong online portal kung saan maaaring makita ng mga miyembro ang listahan ng mga benepisyong maaari nilang makuha.</p>	<p><i>English:</i> PhilHealth has an online member portal or website where members can view their membership record, list of beneficiaries, history of contributions, and other information.</p> <p><i>Filipino:</i> Ang PhilHealth ay may online member portal o website kung saan makikita ang membership record, listahan ng mga benepisyaryo, listahan ng kontribusyon, at iba pang impormasyon.</p>	Participants clarified that the online member portal or website does not show the list of benefits. Instead, it includes information such as membership records, a list of beneficiaries, a history of contributions, and other information.
SSS/ Philippines	<p><i>English:</i> The SSS provides sickness benefit to migrant workers similar to local workers”</p> <p><i>Filipino:</i> Pareho lamang ang benepisyong maaaring matanggap ng mga OFW at lokal na manggagawa.</p>	<p><i>English:</i> SSS provides the same sickness benefits to ACTIVE paying local workers, OFWs, and migrants.</p> <p><i>Filipino:</i> Pareho lamang ang benepisyong maaaring matanggap ng aktibong naghuhulog na OFW at lokal na manggagawa.</p>	SSS suggested that emphasis should be given to workers who are actively paying contributions, which makes the benefits inaccessible to irregularly- or non-contributing members.
Pag-IBIG Fund/ Philippines	<p><i>English:</i> Pag-IBIG offers savings programs (MP1 and 2) to members.</p> <p><i>Filipino:</i> Ang Pag-IBIG ay may programa para makapag-ipon ang mga</p>	<p><i>English:</i> Pag-IBIG offers savings program (P1 and MP2) to members.”</p> <p><i>Filipino:</i> Ang Pag-IBIG ay may programa para sa makapag-ipon ang mga miyembro (P1 at MP 2).</p>	The name of the regular savings program is P1 (not MP 1 as initially stated) as pointed out by the SSS personnel.

	miyembro (MP1 at MP2).		
NGOs and migrant organizations/ Hong Kong	<p><i>English:</i> Foreign domestic workers have the right to a rest day during holidays.</p> <p><i>Filipino:</i> Kapag holiday, ang mga dayuhang domestic worker ay may karapatan sa isang rest day o pahinga.</p>	<p><i>English:</i> Foreign domestic workers have the right to a rest day during statutory holidays unless there is an emergency or if they agree not to have one.</p> <p><i>Filipino:</i> Kapag statutory holiday, ang mga dayuhang domestic worker ay may karapatan sa isang rest day o pahinga-maliban kung mayroong emergency o pumayag sila na hindi magkaroon ng rest day.</p>	Participants shared that some holidays are not public and not mandatory. They suggested adding the term ‘statutory’, which is the only non-working holiday. They added that migrant domestic workers may still be asked to work during statutory holidays if the employer faces an emergency or if the worker agrees to still work that day.

Participants also mentioned when items should be removed for reasons like changes in policies or laws, inapplicability to migrant domestic workers, and programs or services that were removed by the government or were still being developed. For instance, an initial PhilHealth item was, “To be eligible to obtain benefits, members need to have made contributions of at least 3 months during the past six months”. Participants clarified that with the passing of the Universal Health Care Law, PhilHealth benefits may still be availed of by members without contributions of at least three months in the past six months if they are assessed to be of low financial capability. The evaluation needs to be conducted by a social worker from the Department of Social Welfare and Development. The item was deleted because the implementation of the rule had nuances (e.g., dependent on financial capability, dependent on a DSWD social worker’s assessment), making it too complex to be an item.

An original Hong Kong item about the installation of CCTV cameras in the sleeping accommodation was also deleted. Some said this was allowed if a child or an elderly person slept in the same room so that the employer could check on them, whereas other participants argued this was prohibited to protect the privacy of the migrant domestic worker. Because participants’ feedback varied, the researcher deemed it better to remove the item.

Table 4 shows other examples.

Table 4. Sample of items removed from the item pool

Agency/ Country	Removed item in English/Filipino	Rationale for removal from item pool
PhilHealth	<p><i>English:</i> PhilHealth has a telemedicine service or online consultations for OFWs</p> <p><i>Filipino:</i> Ang PhilHealth ay may serbisyong Telemedicine o konsultasyon na online para sa mga OFW.</p>	Participants said that these programs are not yet operational.
OWWA	<p><i>English:</i> “OWWA has a skills upgrading grant for seafarers to increase their competitive advantage in the sector.”</p> <p><i>Filipino:</i> “Ang OWWA ay nagkakaloob ng scholarship para sa mga seafarer na gustong mag-training upang mapataas ang kanilang kasanayan.”</p>	OWWA staff explained that the said item only benefits seafarers in particular.
Tokyo Filipino Helpers and Babysitters Group/Japan	<p><i>English:</i> For occupational injuries incurred while in the Philippines, a Filipino migrant worker can receive accident compensation through special insurance.</p> <p><i>Filipino:</i> Para sa mga pinsalang natamo habang nasa Pilipinas, ang isang Filipinong naghahanapbuhay sa Japan ay maaaring makatanggap ng accident compensation sa gobyerno ng Japan pamamagitan ng isang special insurance.</p>	Housekeepers do not get this benefit.
Filipino Migrant Center/Japan	<p><i>English:</i> While job hunting, an unemployed person can apply for a loan of up to 150,000 yen per person or 200,000 yen per household to support one’s daily life for three months.</p> <p><i>Filipino:</i> Ang naghahanap ng trabaho, ang isang indibidwal ay maaaring makakuha ng loan na hanggang JPY150,000 o JPY200,000 bawat sambahayan upang suportahan ang kanilang pang-araw-araw na pangangailangan sa loob ng 3 buwan.</p>	The item does not apply to house helpers; only long-term and permanent resident workers with a household to maintain in Japan are eligible for this benefit.

Lastly, participants suggested adding new items to the item pool, such as benefits that were not yet included in the initial item pool. An illustrative example was a new PhilHealth item, “A member may use PhilHealth benefits even without hospital confinement.” Another new item in the Hong Kong measure read, “Foreign domestic workers can file a case or continue with a case even when they are already in the Philippines.”

Additional examples are in Table 5.

Table 5. Sample of items added to the item pool

Agency/ Country	New item in English/Filipino	Rationale for addition to the item pool
PhilHealth/ Philippines	<i>English:</i> Cataract surgeries are included in PhilHealth benefits <i>Filipino:</i> Kasama ang operasyon sa katarata sa mga benepisyo ng PhilHealth.	Participants suggested adding the item because cataract surgeries are common.
NGO /Hong Kong	<i>English:</i> Foreign domestic workers should only work in the residence of their employer. <i>Filipino:</i> Sa bahay lamang ng boss o employer dapat magtrabaho ang mga dayuhang domestic workers sa Hong Kong.	Participants said this is important to add because some foreign domestic worker work in multiple residences, e.g., home of employers' parents. This was also supported by a finding in one of the researchers' past studies.

In addition to the changes above, we used the participants' rating of items as basic, average, or advanced to reduce the number of items in the item pool that will be included in the survey. This was to avoid participant fatigue or dropout, which could happen when surveys are too long. We prioritized items that were basic and average. However, we also added advanced items that we deemed relevant to females and/or migrant domestic workers. For example, for the PhilHealth measure, we included the advanced items about breast and cervical cancer because these are common forms of cancer in Filipino women.

Quantitative item analysis results. To follow after survey data collection and analysis.

Other findings. Apart from using the qualitative data to enhance the item pool, the findings also indicated ways to improve the survey experience. For example, during a group discussion with migrant domestic workers in Hong Kong, most of the participants saw Chinese characters on the survey page. While some had an auto-translate feature in their gadgets, the others did not and therefore could not understand the text. They had to ask the researcher what to do because they did not know they had to click a button that said 'Next'. To avoid such problems, additional instructions were added: "Please click 'Next' or the white box on the right."

Migrant domestic worker participants also found it easier to answer the host country-related tools instead of the measures of Philippine agencies. The survey results (Table 6) reveal a consistent pattern of host country-related tools scoring higher as compared to those of Philippine agencies. With the latter, they felt unsure and unconfident of their answers, to the point of feeling apprehensive to continue answering the items and the rest of the survey. With this, the researchers decided to move the Hong Kong, Japan, and Singapore tools before those of the Philippine agencies. We believed that presenting the items this way would boost their confidence because they were more likely to know the correct answers on the country measures, which in turn could motivate them to finish the entire survey.

Table 6. Results of the pilot test with 15 participants

	Japan	Philippines
Percentage of correct answers	51%	31%
Percentage of wrong answers	5.71%	7%
Percentage of uncertain answers	43%	62%
	Hong Kong	Philippines
Percentage of correct answers	84%	59.42%
Percentage of wrong answers	3.75%	12.32%
Percentage of uncertain answers	12.50%	28.26%
	Singapore	Philippines
Percentage of correct answers	74%	32%
Percentage of wrong answers	13%	4%
Percentage of uncertain answers	14%	64%

It is interesting to note as well that the participants from Philippine agencies acknowledged that many of their programs and services are not well-known to OFWs. Both migrant domestic workers and government workers cited inadequate dissemination of information as a cause. In the case of Japan, the age of respondents is a factor for the high number of uncertain (“hindi sigurado”) answers as most respondents have long been residing in the host country and have become more familiar with its services that they regularly avail of, and have not kept abreast of the latest programs of the Philippine government agencies. The same factor explains the 84 percent result from Hong Kong respondents. In Singapore, respondents noted the difficulty of remembering all the benefits that the concerned Philippine agencies afford OFWs. For the majority of them, this is because they have only heard of these during PDOS, and they have not been updated since then. In contrast, relevant programs and services in Singapore are well-known because their employers remind them about it or they learn from their networks in the host country. Also, they are constantly updated by Singapore’s MOM during their work pass renewal every two years.

Table 7. Health security and social security literacy of Philippine government agencies

	Japan	Hong Kong	Singapore
Highest percentage of correct answers	SSS (51%)	Pag-Ibig Fund (78%)	SSS (42.86%)
Highest percentage of wrong answers	OWWA (11%)	OWWA (18.75%)	SSS (8.93%)
Highest percentage of uncertain answers	OWWA (69%)	OWWA (38.75%)	PhilHealth and OWWA (69%)

Further, some migrant domestic workers either were never enrolled or became inactive members of SSS, Pag-IBIG, and PhilHealth (Table 8). Reasons for non-contribution included: 1) lack of knowledge of the benefits and experience of difficulty filing for claims, which made them feel membership was useless, 2) the perception that the Philippine government is corrupt and would only steal their contributions, and 3) preference for contributing to the host country systems for its efficiency and flexible payment terms.

Table 8. Pilot respondents' activities related to health security and social security services and programs

	Japan	Hong Kong	Singapore	Total
Active* membership in OWWA	4/5**	3/5	3/5	10/15***
Active membership in SSS	5/5	3/5	4/5	12/15
Active membership in Pag-Ibig	1/5	3/5	1/5	5/15
Active membership in Philhealth	4/5	2/5	1/5	7/15
Attended pre-departure orientation seminar o PDOS	4/5	4/5	2/5	10/15
While abroad, attended a seminar or program on health security or social security organized by the Philippine government agencies	0/5	3/5	1/5	4/15
Attended a seminar in the Philippines	1/5	3/5	1/5	5/15
Attended a webinar	1/5	3/5	0/5	4/15
Attended or used the services and programs of OWWA	1/5	1/5	1/5	3/15
Attended or used the services and programs of SSS	1/5	0/5	1/5	2/15
Attended or used the services and programs of Pag-Ibig	1/5	0/5	1/5	2/15
Attended or used the services and programs of Philhealth	2/5	2/5	1/5	5/15
Attended or used health security services and programs of the host country	4/5	2/5	3/5	9/15
Attended or used social security services and programs of the host country	2/5	3/5	3/5	8/15

*Declared status at the time of the survey.

**Collated responses of five pilot respondents in each country.

***Collated responses of all 15 pilot respondents in all three countries.

Table 8 gives information on the active member status of the 15 survey respondents. Of this number, 12 respondents are actively contributing to SSS, 10 to OWWA, 7 to Philhealth, and 5 to Pag-IBIG. The latter agency, consistent with the previous study (Celero, Garabiles, Katigbak-Montoya 2022) is considered, among migrant-related agencies, to have the least number of active members because Pag-IBIG contributions are perceived to be savings rather than immediate or short-term benefits.

Table 8 also summarizes the number of seminars and other related activities organized by destination territories and the Philippines for migrant workers in general. Of the 15 total pilot participants, only 10 attended PDOS before formal employment abroad, suggesting the respondents were made aware of the health care and social security provisions from their home country. Those who were excluded presumably either left the Philippines before the

implementation of PDOS in 1983 or departed on a tourist visa. However, while abroad, data shows that only 4 out of 15 respondents attend seminars to continuously learn about the home country systems, which indicates that they eventually become less aware of them and inactive members. About half of the respondents have attended the seminars provided by the host governments, which shows that they have become more connected to these systems compared to those of the Philippines.

Another noteworthy finding is how migrant domestic workers, NGO workers, and migrant organization members recognize that discrepancies exist between policies that seek to protect and promote health and social security, and the actual implementation of such policies. This gap then leads to challenges such as unlawful termination, lack of leaves and days off, poor accommodations, and abuse.

7. Discussion

7.1 Gender-responsiveness of the current health and social security systems

This research developed seven gender-responsive tools to measure the health and social security systems of the Philippines and destination countries. The findings from item generation and selection and qualitative item analyses also showed that, to an extent, the Philippines' programs and destination countries' policies address the needs of female migrant domestic workers as articulated in the literature. This includes the provision of physical, mental, maternal, and sexual healthcare, assurance of employment security, and portability of benefits from the Philippine system (e.g., Celero, Garabiles, Katigbak-Montoya 2022; Hall et al. 2019). For example, PhilHealth has benefits that address maternal healthcare (payment or reimbursement of childbirth expenses, whether via normal delivery or cesarean section) and care for common cancers among Filipino women (breast and cervical cancer). PhilHealth also offers a wide array of benefits for varied illnesses and for both curative and preventive efforts.

The Philippine system also has benefits for dependents, which is important since many female migrant domestic workers have minor children. For example, OWWA's Education and Livelihood Assistance Program (ELAP) supports the continuous education of an eligible dependent of an OFW until college.

The Philippine system likewise allows for some portability. Through online portals, migrant domestic workers may access their PhilHealth, OWWA, SSS, and Pag-IBIG accounts even while abroad. Transactions such as paying for contributions, reimbursing medical expenses (from PhilHealth), and applying for loans (from SSS) and grants (OWWA) can also occur while they are overseas. Portability is also true in terms of access to services even at the barangay level (e.g., PhilHealth's Konsulta package can be accessed in barangay health centers) and in both public and private settings (e.g., PhilHealth benefits may be obtained in public and private hospitals).

Moreover, programs and services of Philippine agencies depict efforts towards reintegration or return to the Philippines. Some of the OWWA items include skills training, business loan schemes, livelihood opportunities, and financial literacy seminars. A member of Pag-IBIG is always a member. As a member, a Filipino migrant worker is entitled to the following: savings facility; short-term loans; housing loans; Pag-IBIG Fund Home Matching Program which seeks to match OFW financial capability and preferences of OFWs with available housing units in the Philippines; and, voluntary enrolment to the Modified Pag-IBIG II (MP2) Program, an

additional and voluntary five (5) year savings facility being offered by Pag-IBIG to its Pag-IBIG I members (see also the Pag-IBIG website for a more comprehensive discussion of these benefits). As in Pag-IBIG, an SSS member is always a member. The SSS grants sickness, maternity, disability, retirement, and death and funeral benefits to qualified OFW members. They also have access to loan privileges such as salary, housing, and educational assistance. The loanable amount is based on the member's contribution amount and service. OFW SSS members are also entitled to the agency's Flexi-fund Program which serves as a mechanism for OFs to save a portion of their income abroad and maximize returns on their investments (see also the SSS website for a more comprehensive discussion of these benefits).

In destination countries, some policies seek to promote and protect women's health and social security. In Hong Kong, there is the provision of maternal leave and job security for migrant workers who become pregnant. Likewise, there are guidelines in Hong Kong and Singapore that aim to preserve their privacy in their employers' homes (e.g., requirements for living conditions). In Singapore, however, MDWs may be asked to co-sleep with their elderly or very young wards. Some policies help ensure migrant domestic workers across the three countries have the opportunity to care for their mental health (e.g., provision of annual leaves and weekly days off). Moreover, in Singapore, the mandatory day off for MDWs is only once a month. In other weeks, the employer may opt to ask their domestic workers to work during their day off but they will have to be paid. In addition, Japan offers retirement benefits that can be claimed in the form of a lump sum or monthly pension payment.

Japan's health care and social protection programs are mostly gender-neutral, in that it treats migrant workers as a homogenous population. The difference in eligibility for benefits is based on residency status and occupational category. Due to these markers of differentiated access, some social welfare benefits do not apply to house helpers because of their short-term contract and one-year designated visa validity. In addition, some benefits and programs are too advanced for the knowledge of house helpers, which explains that most of them only are familiar with basic information about Japan's health and social security programs.

A few provisions that appeared in the survey, however, indicated that gender is a significant dimension of health security in the country. For instance, concerning item number 5 of the survey, annual check-up vouchers are distributed by ward offices so that female residents, Japanese or non-Japanese, aged 40 and above, can undergo particular health checks (e.g. reproductive organs, breast). A pregnancy test is required for those agency-hired. An NGO leader confirmed that some agencies may even monitor the personal relationships of their hires. Another NGO leader reported that agency-hired housekeepers are required to undergo rigorous tests because they are prone to cardiovascular diseases (e.g. high blood pressure), as well as reproductive health diseases. Many migrant women workers in Japan are also more prone to cancer due to stress attributed to work, family, and society at large.

Meanwhile, in Singapore, the health and social security systems look at the MDW group as an undifferentiated category. This can be seen by the blanket rules that apply to all MDWs regardless of their age group and other axes of identity, except for the exemption of older MDWs from the required six-monthly checkup (6ME).

In Hong Kong, some policies apply to all workers, including MDWs. This includes required leaves during statutory holidays and health insurance coverage. However, some policies are unique to MDWs. Examples include the provision for suitable accommodations in their

employers' homes and food or food allowance and their right to privacy in terms of prohibition of confiscation of their passports or identification cards.

7.2 Assessing mis/match between programs and needs of female migrant domestic workers

Initial data collected shows that the health and social security systems in East Asia do not always adjust according to the needs of female migrant domestic workers. In Japan, such is the case since most health and social security policies lump them together with other female migrant workers. This is because housekeepers do not constitute a significant population of migrant workers in the country, unlike in Hong Kong where domestic work is a significant occupational category.

In Singapore, there is a need to understand the health and social security needs of MDWs. Although there is a provision for medical screening for new and existing MDWs, the 6ME only tests for pregnancy and infectious diseases such as syphilis, HIV, and tuberculosis (MDWs 50 years and above are exempt from the 6ME). Beyond this, MDWs do not get tested for other diseases and health risks. Some NGOs offer health screening for MDWs but these are not regular and because they rely on volunteers, these are often limited in scope.

7.3 Creating gender-responsive and inclusive systems for other female domestic workers

Initial findings of the survey suggest that female domestic workers who are ageing, part-timers, and receiving low wages may face more barriers compared to other female workers in becoming a health and social security systems literate.

In Japan, health care and social protection strive to be inclusive to all migrant workers. Interviewed NGO leaders and survey participants are aware that regardless of status, documented or irregular, housekeepers can access health care and receive social welfare benefits as long as they are enrolled in the national health and social pension systems. But what constrains the undocumented in particular is the fear of deportation, which causes them not to seek treatment or apply for social benefits. Ageing housekeepers, already in their 50s and 60s, who have been inactive members of the Philippine systems or have never registered at all, find it already too late for them to start paying contributions because of their age. Being disconnected from the systems for many years, they realize they should have started making payments as soon as they started earning in Japan. Or, they could have sustained payment contributions to SSS or OWWA had they known that they would eventually return to the Philippines. Referring to item no. 19 on social pension in Japan, NGO leaders interviewed confirmed that some OFWs in their 50s only start asking about pension requirements in their last remaining years in Japan and when they have decided to come home to the Philippines for good. Expat-hired house helpers are mostly ill-informed about the social pension schemes (i.e. they regard these survey items as an advanced type of information) because they often do not update their knowledge about the Japanese systems, and their foreign employers do not oblige them to do so. One NGO leader interviewed, added that the house helpers are in a precarious situation because of their visa status, as foreign employers often prefer hiring long-term and permanent residents, making it difficult for designated visa-holding housekeepers to demand higher wages.

Part-timers are mostly ill-informed because they perceive themselves to be receiving fewer benefits compared to full-timers who have access to all benefits. About item number 15 on the pension scheme in Japan, part-time and agency-hired house helpers think that because they are not regular/permanent employees, they are ineligible to apply for a pension. Respondent 2, for example, shared that part-timers like her have to earn extra not only to augment their regular income but also to prepare for retirement in the Philippines. NGO leaders shared, however, that during the COVID-19 pandemic, the flexible nature of the payment schemes for the national health and pension systems has made it possible for part-time and low-wage Filipino housekeepers to continue making contributions despite reduced wages. This adjustment drew greater confidence for the Japanese systems, evident in the greater number of correct scores in the survey for Japan items, compared to the Philippine items for which the respondents input mostly, “Not sure.”

In Singapore, as mentioned earlier, migrant domestic workers are required to undergo a medical checkup every six months. This medical exam which tests for pregnancy and communicable diseases exempts MDWs who are 50 years old and above. This group is only required to undergo a medical checkup that does not include a pregnancy test once every two years when their work permit is renewed. This rule highlights that the intention of the medical checkup is not to ensure that these female workers are healthy but to keep track of the younger MDWs' reproductive activity. This underlines how the Singapore government views the temporariness of MDWs' stay in the city-state.

In recognition of the necessity of protecting low-wage MDWs, Singapore requires employers to purchase medical insurance and personal accident insurance for their MDWs. In July 2023, Singapore implemented “enhancements” to the medical insurance for all new and existing MDWs; this requirement included increasing the annual claim limit to minimize out-of-pocket expenses by employers, especially in consideration of rising medical costs (MOM 2023).

While Singapore is criticized for passing the responsibility of protecting MDWs to the employers (Koh et al. 2017), it can be noted that the institutionalization of purchasing medical and personal accident insurance makes its system inclusive for low-wage, female migrant domestic worker (part-time domestic work for MDW is not allowed in Singapore) who would otherwise be unable to buy such insurance for themselves.

In Hong Kong, employers are required to purchase health and repatriation insurance for their MDWs, and MDWs are required to take medical examinations to prove fitness to work. There are also provisions in Hong Kong labor laws that promote job security, safety, and well-being. Hence, while they are considered low-income earners in Hong Kong, they are very much part of and are protected by the system in the territory. This is true even among those who are elderly. There are limits though to the amount of medical expenses that are covered by their insurance and expenses related to medical examinations conducted in the Philippines before deployment are rarely reimbursed by their employers.

While many programs, services, and policies are gender-responsive, there is still room for improvement. This is the case in terms of (1) awareness and the provision of services of the Philippine government's health and social security programs, and (2) the implementation of policies in destination countries. Migrant domestic workers voiced their lack of familiarity with many of the items in the PhilHealth, SSS, Pag-IBIG, and OWWA measures. They also narrated experiencing challenges filing for claims. These, along with government mistrust, make non-contribution attractive, which alienates them from the Philippine system. These support

findings from past studies (e.g., Celero, Garabiles, Katigbak-Montoya 2022; Hall et al. 2019). These results point to a need to boost efforts to reach migrant domestic workers to enable them to partake in the benefits, not just while they are abroad but also for the long term. These could be done through longer pre-departure seminars, bringing back post-arrival seminars, and simplifying the process of filing claims. Recent programs of OWWA such as Balik-Saya and Parokya ni OWWA which encourage the participation of LGUs and left-behind families are implemented but not largely promoted as they are not featured on the agency's website. It is also recommended for the families that will be left behind to attend seminars as they, especially the children, are beneficiaries of the Philippine government programs. In addition, government websites and official social media accounts need to be updated to ensure that information about programs and services is regularly disseminated.

Furthermore, findings showed that in the destination countries, rules that seek to protect their health and social security are sometimes disregarded. This suggests a need for better coordination between the Philippine migrant-related agencies and embassies, and the labour and legal systems of these countries.

In conclusion, this research generated gender-responsive tools that measure Filipino migrant domestic workers' literacy. We believe that working with different stakeholders—Philippine government agencies, migrant domestic workers themselves, NGO workers, and migration organization members—enabled us to develop items that are accurate, updated, and relevant to the target population. These are especially crucial when the tools are designed to be included in online surveys where participants cannot clarify the instructions or the items with the researchers right away. The tools would need to be updated as needed (e.g., new policies for migrant domestic workers, and new services for female OFWs), hence, continued collaboration with various stakeholders is imperative.

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