

# HPV & Cervical Cancer Prevention, Screening, & Treatment for Female Foreign Domestic Workers

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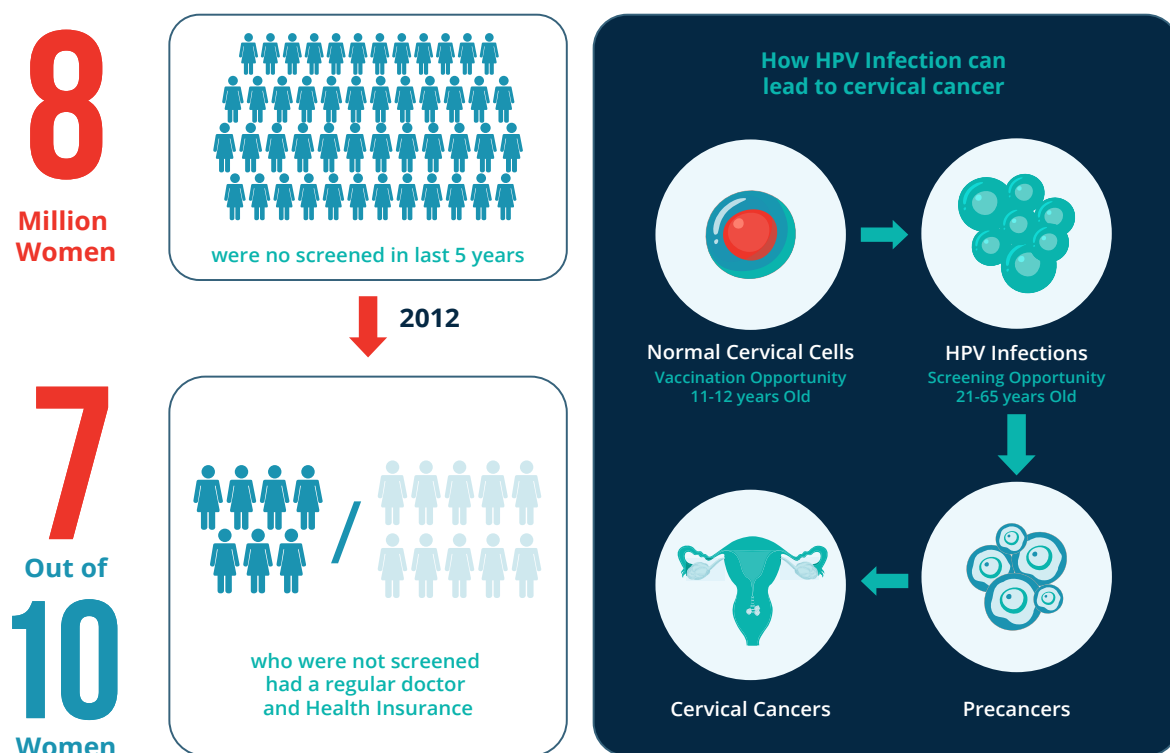
Despite broad cultural, economic, and demographic similarities across the continent, outcomes for those at risk of HPV infection vary drastically within South East Asia. A cursory look at regional data shows that cancer incidence and mortality vary dramatically according to socio-economic parameters. Despite the region accounting for a majority of the world's population and infection/cancer cases, a lack of knowledge concerning HPV and its connection to cervical cancer has hindered the emergence of a continental framework or approach to defining prevention and control policies. Consequently, while there is plenty of research exploring the contrast between HPV/cancer statistics within the region, there is little focus on the applicability of successful policies or of lessons from one sub-region of the continent to the others.

Despite being not only an integral part of everyday life in Singapore but playing what can only be called a crucial role in enabling the nation's families to maintain their high quality of life, female foreign domestic workers (F-FDWs) in Singapore are critically underserved in the battle against HPV and cervical cancer. Between factors curtailing access to sexual & reproductive health in their home countries and factors limiting their access to such care within Singapore, F-FDWs are a key at-risk group for HPV and cervical cancer. In this paper, we dive into the territory of a large community of F-FDWs, from Indonesia and Philippines and the impact their migratory and work experiences in Singapore have on their health status, leaving them vulnerable and at heightened risk. The paper will also identify critical gaps in the care pathway, when it comes to differing cultural, faith and economic attitudes and behaviours.

# Background

Cervical cancer is a leading cause of cancer-related mortality among women worldwide, causing 342 000 deaths in 2020<sup>1</sup>. Cervical cancer disproportionately affects women living in poverty, those living in lower-income countries, and women living with HIV<sup>2</sup>. Cervical cancer is associated with persistent, high-risk human papillomavirus (HPV) infection, a highly prevalent viral disease spread by sexual contact<sup>3</sup>. One woman dies every two minutes from cervical cancer, globally<sup>4</sup>. It is important to note, however, that cervical cancer is one of the most preventable cancers. The World Health Organization (WHO) asserts that most cases of cervical cancer can be prevented via: i) high coverage of HPV vaccination, ii) intensified screening, with prompt treatment of any pre-cancerous lesions detected, with a minimum of two life-time screens between the ages of 30 and 49 years, and iii) prompt, high-quality treatment of and palliative care for any cancers identified<sup>5</sup>. In 2020, WHO launched a global strategy to eliminate this disease as a public health problem<sup>6</sup>. WHO estimates that reaching the 90-70-90 targets by 2030, in 78 low- and middle-income countries (LMICs), has the potential to save 15 million lives by 2030 and would prevent more than 62 million deaths from cervical cancer by 2120.

## Missed opportunities for cervical cancer screening



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2. Stelzle, D., et al., Estimates of the global burden of cervical cancer associated with HIV. *Lancet Glob Health*, 2021. 9(2): p. e161-e169
3. WHO. Cervical Cancer. 2022; Available from: [https://www.who.int/health-topics/cervical-cancer#tab=tab\\_1](https://www.who.int/health-topics/cervical-cancer#tab=tab_1).
4. WHO. WHO leads the way towards the elimination of cervical cancer as a public health concern. 2022 [cited 2022 14 March 2022]; Available from: <https://www.who.int/reproductivehealth/cervical-cancer-public-health-concern/en/>.
5. WHO. Cervical Cancer. 2022; Available from: [https://www.who.int/health-topics/cervical-cancer#tab=tab\\_1](https://www.who.int/health-topics/cervical-cancer#tab=tab_1).
6. WHO, Global strategy to accelerate the elimination of cervical cancer as a public health problem 2020.

In Singapore, 309 women are diagnosed with cervical cancer every year and 172 die from the disease. While for Indonesia and The Philippines, current estimates indicate that 36633 and 7897 women are diagnosed with cervical cancer annually while 21003 and 4052 women die of the disease, respectively<sup>7</sup>. Considering these are totally preventable deaths, it is important to ensure healthcare services can provide enough preventative care.

Employing female foreign domestic workers (F-FDW) is a fairly common phenomenon in Singapore, with 246,000 F-FDWs residing in Singaporean households in 2021<sup>8</sup>. In Singapore, the predominant countries of origin of FDWs are Indonesia, Philippines and Myanmar<sup>9</sup>. Despite the significant role played by FDWs in supporting Singaporean households, evidence suggests that this population is vulnerable to labour exploitation due to a lack of adequate work regulations and legal protection, and the systemic nature of their employment conditions<sup>10</sup>.

Healthcare for this community is supported through their employers with mandatory 6 monthly health check-ups and supporting insurance plans which may not adequately cover the costs of expensive treatments<sup>11</sup>. Migrant workers in Singapore generally are reluctant to seek healthcare services independently of their employers because they are unaware of insurance policies, the scope of services available to them, and the types of facilities they may access. Additional socio-economic factors such as education level, religion and social fabric play critical roles in the ability of FDWs to seek care. This healthcare set up undermines the ability of a F-FDW to seek care with care seeking often being symptomatic – with preventative care being lower priority<sup>12</sup>. In case of cervical cancer, this symptomatic care seeking has devastating consequences. The disease is likely in advanced stages with treatment costs being significantly high. There is little safety net available for FDWs to support this treatment other than the employer disproportionately bearing the cost of treatment or sending the FDW back to their home country.

As mentioned above, access to human papillomavirus vaccine for girls and screening and precancer treatment for women is fraught with inequality. This implies that most FDWs in Singapore may not have received the HPV vaccine before eligibility or have undergone the necessary screenings, leading to potentially higher risk of advanced disease. The systematic challenges, hampering access to necessary health care, compound the problem for this disenfranchised group. This is unacceptable on ethical, social, and financial grounds. With life-saving solutions available, it is imperative that we facilitate access to one and all, including the F-FDWs<sup>13</sup>. Strategic investments in cervical cancer prevention for the F-FDW population can not only save lives, but can also pave the way for the broader fight against inequality in access to healthcare.

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7. HPV INFORMATION CENTRE (hpvcentre.net)

8. <https://www.statista.com/statistics/953137/singapore-foreign-domestic-workers-employed/>

9. [https://twc2.org.sg/wp-content/uploads/2016/07/FDW-Report\\_Final.pdf](https://twc2.org.sg/wp-content/uploads/2016/07/FDW-Report_Final.pdf)

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12. Jabar, M. A. (2019). Factors influencing health-seeking behaviour among overseas Filipino workers. *International Journal of Healthcare Management*.

13. [The\\_investment\\_case\\_for\\_cervical\\_cancer\\_elimination \(1\).pdf](#)

# Barriers to Healthcare

## Context

In this section, we dive deeper into the barriers that hinder F-FDWs in accessing vital healthcare for HPV/cervical cancer. Let's start with the cycle of HPV care provision and how vaccines, screening and linkage to care work. There are three stages at which HPV prevention, detection, and treatment are provided, outlined as follows:

Intervention	Challenges
<b>Vaccination</b> (Prevention)	Likely missed the window of opportunity to get vaccinated or to be effectively targeted by vaccination campaigns. Awareness of the link between HPV & CC, the existence of the vaccine, and vital knowledge about sexual & reproductive health pose barriers.
<b>Screening</b> (Detection)	Lack of awareness, access, or comfort with the screening process & follow-up are major barriers.
<b>Treatment</b>	Stigma on the part of F-FDWs & employers, a lack of understanding of/ comfort with the local healthcare system, and reluctance of employers to take on the financial cost of treatment hinder care-seeking behaviour by F-FDWs.

At each of these three critical junctures, F-FDWs are disadvantaged by the different aspects of the healthcare systems & public health awareness programmes of both their home and host countries. While different barriers play varying roles with regard to each, a handful of key common barriers emerge across the board:

- Perceptions, attitudes, and awareness on the part of both F-FDWs and employers
- Barriers in communication and intercultural understanding between F-FDWs and host countries' healthcare systems
- Access to sexual and reproductive healthcare

## Perceptions, Attitudes, & Awareness

The first barrier that rears its head in all three stages of HPV/cervical cancer care is the gap between healthcare objectives on one hand and the perceptions, attitudes, and awareness of both F-FDWs and their employers on the other. As made clear over the course of several interviews and our review of the existing literature; factors such as inadequate or faulty information, taboos surrounding sexual and reproductive health, and fear surrounding the potential financial implications of cancer serve to reduce the efficacy of vaccination and screening initiatives by suppressing F-FDWs' likelihood of being vaccinated, seeking screening where available, or pursuing treatment.

On the part of F-FDWs, the factors that play the largest role are information and taboos surrounding sexual and reproductive health. In terms of information, this barrier is moulded by two failures of existing approaches to F-FDWs' sexual and reproductive health:<sup>14, 15, A, C</sup>

1. The inability of either the host or home countries to adequately penetrate the sources of information upon which F-FDWs are most reliant – As members of highly mobile, transnational communities; F-FDWs from both Indonesia and the Philippines exist in social circles that transcend national borders. As research in Hong Kong has shown, social media and messaging services such as Facebook, WhatsApp, and Telegram have facilitated the creation of an information ecosystem neither confined to nor defined by the local contexts of the various host countries in which F-FDWs reside. Consequently, public health drives localised in a host country are unable to adequately reach F-FDWs. This plays a decisive role in undermining F-FDWs' access to screening & treatment.
2. Limited prior knowledge of HPV/cervical cancer – F-FDWs are unlikely to have had significant education as youths on the risk posed by HPV. This means that F-FDWs contributing to the circulation of information in transnational social circles over digital platforms are unlikely to have foundational knowledge necessary to screen accurate & inaccurate information. It also means that they are less likely to have been vaccinated prior to migrating.

Furthermore, in terms of taboos surrounding sexual and reproductive health, this takes the form of avoidance to discussing the topic of sexually transmissible infections and to a lack of understanding of preventive measures (be it vaccination or condom use). This taboo is, in the context of Indonesian and Filipina F-FDWs, rooted in the religious dynamics of the two countries, which has led to an emphasis on abstinence as the sole acceptable approach to preventing STIs, leading to the exclusion of preventive measures suited to those who are sexually active, thus increasing the likelihood that the F-FDWs from the two countries will not be vaccinated. At the same time, the lack of awareness of STIs that this inculcates yields:<sup>A, B</sup>

1. less awareness of screening options,
2. less demand for screening, even when individuals are aware of options, since screening for an STI is perceived as being associated with promiscuity,
3. lower inclination to follow up with treatment if tested positive due to similar social stigma stemming from the perception of promiscuity

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14. Chan, J. S., Chia, D. W., Hao, Y., Lian, S. W., Chua, M. T., & Ong, M. E. (2021). Health-seeking behaviour of foreign workers in Singapore: Insights from emergency department visits. *Ann Acad Med Singapore*, 50(4), 315-24.

15. Bernadas, J. M. A. C., & Jiang, L. C. (2019). Explaining online health information seeking of foreign domestic workers: A test of the comprehensive model of information seeking. *Health and Technology*, 9(1), 7-16.

With regard to employers, similar but distinct dynamics play out. One similarity is the role played by social taboos and a lack of information. Social taboos regarding sexual and reproductive health in host countries and a lack of adequate information in employers educated before host countries like Singapore began including comprehensive sexual education in their local curricula lead to the stigmatisation of F-FDWs who are sexually active. However, another factor at work is the disinclination of employers to take on the financial and insurance obligations that would accompany a positive diagnosis of HPV or cervical cancer.<sup>A</sup> Migrant workers of all categories in Singapore generally are reluctant to seek healthcare services independently of their employers because they are unaware of insurance policies, the scope of services available to them, and the types of facilities they may access.<sup>16</sup> These perceptions and attitudes on the part of employers, and the assumption by F-FDWs that their employers hold such perceptions, produces a chilling effect that deters F-FDWs from seeking screening out of the fear of the consequences of a positive diagnosis. It also results in F-FDWs who do test positive refusing to follow up with treatment. The chilling effect posed by employer perceptions is especially pronounced in the context of HPV/cervical cancer because it brings together the financial factor that arises in the context of cancer and the interplay of social taboos and misinformation that arises in the context of STIs.<sup>B, D</sup>



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16. Ang, J. W., Chia, C., Koh, C. J., Chua, B. W., Narayanaswamy, S., Wijaya, L., ... & Vasoo, S. (2017). Healthcare-seeking behaviour, barriers and mental health of non-domestic migrant workers in Singapore. *BMJ global health*, 2(2), e000213.

## Barriers in communication and intercultural understanding between F-FDWs and host countries' healthcare systems

The second factor at play is the cultural and communication gap between F-FDWs and the healthcare systems of host countries such as Singapore. This manifests differently depending on the background of FDWs, the background of healthcare providers chosen by FDWs' employers, and the differences in cultural expectations and comfort levels in healthcare settings. Given the differences in Indonesian and Filipina experiences, the impact of this factor varies depending on the national origin of F-FDWs.<sup>A, B</sup>

For Indonesian F-FDWs, this barrier is felt acutely. The linguistic barrier between healthcare professionals/public health outreach campaigns, F-FDWs, and employers is the biggest barrier to inclusion for Indonesian F-FDWs. At the basic level, the linguistic barrier between F-FDWs and the employers whom the current model of care positions as the actual "clients" of clinicians performing medical check-ups for F-FDWs hinders the communication of relevant sexual health information between F-FDWs and clinicians. Moving further, the direct linguistic barrier between F-FDWs and clinicians curtails the efficacy of frequent medical checkups as a health promotion tool for screening campaigns. At the same time, policy-makers designing screening campaigns are limited in their ability to adequately reach out to members of the Indonesian F-FDW community due to the language barrier while also being locked out from developing a contextual understanding of HPV and cervical cancer in Indonesia due to a lack of available English-language literature.<sup>17, A</sup>

While the linguistic barrier itself is not as pronounced with Filipina F-FDWs – except to the extent that one might feel awkward discussing intimate personal details in "straight English" –, a broader cultural barrier affects F-FDWs from both countries. On one hand, unfamiliarity with the structure of the local healthcare system and a cultural disconnect with practitioners serve to discourage F-FDWs from prolonging contact with the local healthcare system. On the other hand, social barriers between F-FDWs and the local community make it harder for public health campaigns to reach members of this population, including in part because of the alternative transnational sphere of digital communications in which F-FDWs socialise as well as the social division between members of the F-FDW community and members of the local community in terms of friend groups within the host country. Penetrating the communications bubble in which F-FDWs exist is a fundamentally difficult task for a healthcare system confined to its own cultural bubble.

At a more individual level, public health campaigns are less efficient with regard to F-FDWs because they are excluded from the spaces which such campaigns target. While this is true for migrant workers in general, it is especially pronounced for F-FDWs who are dispersed among and largely confined 6 days a week to disparate employers' homes. This means that campaigns which target schools, universities, workplaces, and local media or social media platforms exclude F-FDWs *ab initio*. While male migrant workers who predominantly work in the construction and related sectors are more straightforward to reach due to Singapore's dormitory system, F-FDWs who live in their employers' homes are harder for campaigns geared toward sexual and reproductive health to reach.

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17. See 14, 16

## Access to Sexual & Reproductive Healthcare

Lastly, F-FDWs are impacted by gaps in access to sexual and reproductive healthcare both in their home countries and in host countries like Singapore. In both the Philippines and Indonesia, access to sexual and reproductive healthcare such as HPV vaccinations, screening, and testing are limited by infrastructural gaps and inequitable distribution of healthcare resources between urban cores such as Jakarta and Manila, on one hand, and rural or smaller urban areas on the other. Meanwhile, the rudimentary nature of migrant workers' access to sexual and reproductive healthcare in host countries such as Singapore poses a structural barrier that prevents them from obtaining the same degree of access as other residents of the country.<sup>18, A</sup>

Notably, the medical check-ups required prior to departure from their home country and at six month intervals in their host country are specifically designed to be exclusionary.<sup>19</sup> The system's primary purpose is to exclude individuals with contagious illnesses such as tuberculosis, stigmatised illnesses such as HIV, and similar illnesses which could be seen as a financial or medical burden for the host country. Another category of individuals that the system aims to exclude are pregnant women.<sup>20</sup> In practice, while not all exclusionary criteria are related to sexual and reproductive health, the system has the effect of seeking to limit the sexual activity of migrant workers.<sup>21</sup> For F-F DWs, who may lose their employment if they so much as get pregnant or terminate a pregnancy, the chilling effect that this has on seeking access to sexual and reproductive healthcare within the host country is especially pronounced.<sup>B</sup> The fear of being excluded from employment in the country if they are discovered to have an STI, regardless of whether women who test positive for HPV are at the same risk of unemployment as individuals who are pregnant or test positive for illnesses such as HIV, deters F-FDWs from accessing HPV screening services within the host country.<sup>22, C</sup>



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18. Eng, J. C., Er, J. B., Wan, C. S., Lim, Y. K., Ismail-Pratt, I., & Ng, J. S. (2021). Cervical screening in foreign domestic workers in Singapore. *Annals of the Academy of Medicine, Singapore*, 50(2), 135-140.

19. *See 15*

20. *See 14*

21. *See 13*

22. Christie-de Jong, F., & Reilly, S. (2020). Barriers and facilitators to pap-testing among female overseas Filipino workers: a qualitative exploration. *International Journal of Human Rights in Healthcare*.

# Policy Options

In this section, we examine policy options which could strengthen the three pillars of vaccination, screening, and treatment to ensure better health outcomes with respect to cervical cancer among F-FDWs. In particular, we have identified three policy areas in which action may be taken:

1. Healthcare requirements and accessibility in the host country
2. Addressing the information gap & societal taboos of F-FDWs and employers
3. Facilitating collaboration between host & home countries and between stakeholders

## Healthcare Requirements & Accessibility in the Host Country

Structural adjustments and investments to make healthcare systems more equitable for F-FDWs could help address all three pillars by adding incentives for vaccination and removing barriers or disincentives to screening and treatment.

Firstly, one simple albeit forceful policy to increase the HPV vaccination rate among F-FDWs in Singapore would be to mandate vaccination prior to seeking employment in the country and to require that currently non-vaccinated F-FDWs be vaccinated during a medical check-up. The current regime of medical check-ups and requirements to remain in the country have proven a strong tool to control the behaviour of migrant workers in host countries across the region. While the exclusionary goals that underpin current regimes are undermining access to sexual and reproductive healthcare for F-FDWs, the efficacy with which forceful healthcare requirements have impacted the behaviour of members of the F-FDW community suggests that such requirements could be equally effective at increasing the rate at which F-FDWs access sexual and reproductive healthcare in host countries.

Secondly, creating a framework for F-FDWs to access linguistically and culturally competent screening and treatment services for HPV/cervical cancer should be a priority. Linking Filipina and Indonesian F-FDWs to care with financial support independent of their employers and educating clinicians to be culturally and linguistically familiar with the target population groups is vital in eliminating the factors which deter F-FDWs from seeking such care. Mitigating the direct financial responsibility of employers would similarly reduce the chilling effect that employers have on F-FDWs' propensity to seek screening and/or treatment. The challenge with this would be designing an effective funding mechanism; with one option being to raise the levies paid by employers of F-FDWs to create a pooled insurance fund. However, this may also be an area in which collaboration with stakeholders and between host & home countries could produce a multilateral solution leveraging the economies of scale of a partnership between private sector providers of screening technology and regional health ministries to create a South East Asian F-FDW vaccination and screening programme.

Thirdly, altering the present regime of medical check-ups to reduce the stigma it creates surrounding women's sexual health would eliminate one of the factors deterring F-FDWs from accessing screening or treatment services. By stigmatising everything from STIs to pregnancy, the current system creates the perception that the healthcare systems of host countries are in place to enforce a moral code of sexual abstinence and to punish individuals, particularly women, who deviate from it. This is fundamentally counterproductive in the fight against HPV/cervical cancer, and fuels distrust in the healthcare system among a population which is especially in need of access to sexual and reproductive healthcare.

## Addressing the Information Gap & Societal Taboos of F-FDWs and Employers

Another policy area in which action can be taken is in combating the information gap and societal taboos facing both F-FDWs and their employers. As outlined in the section on Barriers to Healthcare; a lack of up-to-date and accurate information, the prevalence of taboos surrounding sexual and reproductive health, and the spread of inaccurate information in the transnational digital spaces that F-FDWs communicate in are key factors hindering progress on all three pillars. Taking action to raise awareness and to combat misinformation, counterproductive taboos, and the spread of misinformation through digital spaces not confined to a single host country is vital to the fight against HPV and cervical cancer in F-FDW communities. The biggest limitation on this front is in designing public health and awareness campaigns that both penetrate F-FDWs' transnational digital spaces and provide information that is actionable and useful in the context of multiple host countries and territories (e.g. Singapore, Malaysia, Hong Kong). This is an area in which collaboration between host and home countries will be crucial.

## Facilitating collaboration between host & home countries and between stakeholders

Ultimately, developing a framework to address the prevalence of cervical cancer among F-FDWs in South East Asia is not a task that a single country or stakeholder within a single country can take on independently. Developing a workable framework to address each of the three pillars means creating a collaborative and innovative paradigm of partnership between stakeholders across the countries involved; including governments, health authorities, women's rights and medical NGOs, and private sector providers of relevant vaccines, screening technology, and treatment.

Multilateral collaboration will be especially vital in communicating the messages of any public health awareness campaign targeting F-FDWs in order to comprehensively make use of social media and other digital spaces in which members of this community interact. Particularly, collaboration between host countries such as Singapore and home countries such as the Philippines and Indonesia will be vital in order to effectively inform members of this community about HPV/cervical cancer screening, vaccination, and treatment.



## Call to action

Based on our analysis, we propose four simple but crucial action items for the following stakeholders:

1. Build a multilateral, transnational forum bringing together policymakers, the private sector, community organisations, and the healthcare profession encompassing host and home countries across the region (stakeholders: governments, private sector, health authorities, NGOs).
2. Overhaul existing frameworks for medical check-ups and requirements to de-emphasise factors that deter female migrants from accessing sexual and reproductive healthcare and introduce requirements that increase vaccination, screening, and treatment rates (stakeholders: health authorities, governments).
3. Create a campaign combating harmful taboos and misinformation surrounding HPV, cancer, and sexual & reproductive health (stakeholders: health authorities, NGOs, private sector)
4. Invest in increasing the cultural competence of the healthcare sector in host countries (e.g. Singapore) when it comes to caring for F-FDWs from the Philippines and Indonesia (stakeholders: health authorities, private sector)

# HPV & Cervical Cancer Prevention, Screening, & Treatment for Female Foreign Domestic Workers



## HPV and Indonesian Foreign Domestic Workers in the Context of the World Health Organisation's 2030 Elimination Goal: A Country Brief

June 2023


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## Overview




Female foreign domestic workers (F-FDWs) in Southeast Asia, particularly in countries like Singapore, face significant challenges when it comes to accessing healthcare services for human papillomavirus (HPV) and cervical cancer prevention and control. In the case of F-FDWs from Indonesia, these challenges are further compounded by the role and importance of social media, community groups, and other modes of information transfer in the spread of (mis)information about HPV and cervical cancer. Additionally, the cultural and linguistic gaps between the F-FDW population and the local healthcare environment play a role in producing sub-par screening outcomes.

Insights from the overarching whitepaper were expanded with those from participants at a series of consultation events, including one focusing primarily on Indonesia. The consultation event highlighted the importance of transnational collaboration, renewed emphasis on research, and overcoming the linguistic and cultural barriers between Indonesian F-FDWs and host countries.

In Southeast Asia, there is a lack of a comprehensive regional framework for defining prevention and control policies for HPV and cervical cancer. This has resulted in varying outcomes for those at risk within the region. F-FDWs, who are an integral part of households in Singapore, are particularly underserved in terms of HPV and cervical cancer prevention. Factors such as limited access to sexual and reproductive health services in their home countries and difficulties accessing care within Singapore contribute to their vulnerability and increased risk.

### **Social Media, Education, and Cultural Gaps**

The role of social media and other communication channels cannot be ignored when examining the spread of information about HPV and cervical cancer among F-FDWs. F-FDWs from Indonesia, along with those from other countries, exist in transnational social circles that transcend national borders. Social media platforms like Facebook, WhatsApp, and Telegram have facilitated the creation of an information ecosystem that is not confined to local contexts. As a result, public health initiatives and campaigns specific to host countries may not adequately reach F-FDWs, hindering their access to screening and treatment information.



Another significant barrier is the limited prior knowledge of HPV and cervical cancer among F-FDWs. These individuals are unlikely to have received comprehensive education on the risks posed by HPV before migrating. As a result, F-FDWs may contribute to the circulation of inaccurate information within their transnational social circles. The lack of awareness of screening options and preventive measures further hampers their ability to make informed decisions about their health.

Cultural and linguistic gaps also play a role in the sub-par screening outcomes among F-FDWs from Indonesia. The linguistic barrier between healthcare professionals, public health campaigns, and F-FDWs hinders effective communication and the dissemination of relevant sexual health information. Additionally, the unfamiliarity with the local healthcare system and cultural disconnect discourages F-FDWs from seeking care and prolongs their contact with the healthcare system. These cultural barriers make it harder for public health campaigns to reach F-FDWs and address their specific needs.

### **The Linguistic Divide**

The linguistic barrier between the Singapore healthcare and public health systems and the Indonesian F-FDW community has a significant impact on various aspects of healthcare, particularly in the realm of HPV/CC prevention, detection, and treatment. This linguistic gap creates challenges in communication between F-FDWs and clinicians or other healthcare professionals, hindering effective care and understanding of their health needs. Language plays a crucial role in conveying symptoms, concerns, and understanding treatment options. The lack of fluency in English, the primary language of Singapore, can lead to miscommunication, misunderstanding, and delays in diagnosis and treatment.

Moreover, the lack of access to adequate information on the Indonesian healthcare context and limited knowledge of Bahasa Indonesia among Singaporean policymakers designing health promotion initiatives further compounds the issue. Policies and programs designed to promote HPV vaccination, cervical screening, and education on sexual health may fail to effectively reach and engage the Indonesian F-FDW community. The linguistic barrier poses a considerable challenge in disseminating accurate and culturally appropriate information about HPV/CC prevention and care.

This linguistic barrier is particularly acute for the Indonesian F-FDWs in English-speaking regions like Singapore, carrying profound implications for the efficacy of HPV/CC prevention, detection, and treatment within the Singaporean healthcare system. Efforts should be made to bridge this linguistic gap and ensure that essential healthcare information and services are accessible to all

individuals, regardless of language proficiency. Providing interpretation services, multilingual educational materials, and targeted outreach initiatives can help address this issue.

To enhance HPV/CC prevention, detection, and treatment among the Indonesian F-FDW community in Singapore, it is imperative to recognise and address the linguistic barrier they face. By investing in language support services, improving cultural competency among healthcare providers, and collaborating with Indonesian healthcare authorities, Singapore can work towards a more inclusive and effective healthcare system. By bridging the linguistic gap, we can empower the Indonesian F-FDWs to make informed decisions about their health, reduce disparities in HPV/CC outcomes, and ensure equitable access to quality care for all.

## **Moving Forward**

Addressing these barriers requires a multi-faceted approach. Efforts should be made to improve access to sexual and reproductive healthcare services both in the home countries of F-FDWs and in host countries like Singapore. Additionally, public health campaigns need to be tailored to reach F-FDWs through channels that are accessible to them, including social media platforms and community groups. Bridging the cultural and linguistic gaps through language support services and cultural sensitivity training for healthcare providers can also improve communication and understanding between F-FDWs and the healthcare system.

By addressing the role and importance of social media, community groups, and other modes of information transfer, as well as the cultural and linguistic gaps, in the context of HPV and cervical cancer prevention, healthcare systems can better serve the F-FDW population and improve screening outcomes. This not only saves lives but also contributes to the broader fight against inequality in access to healthcare.

In addition to addressing the linguistic barrier, it is crucial to strengthen research efforts in Indonesia regarding the health of Indonesian foreign domestic workers as a global population. Conducting comprehensive studies that explore the unique health challenges faced by F-FDWs can provide valuable insights into their healthcare needs, vulnerabilities, and barriers to accessing quality care. By expanding research in this area, policymakers, healthcare professionals, and global health organisations can gain a better understanding of the specific interventions and support systems required to promote the well-being of F-FDWs not only in Singapore but also in other countries hosting Indonesian domestic workers. Strengthening research on the health of Indonesian F-FDWs as a global population is an essential step towards developing evidence-based policies and interventions that can improve their health outcomes and ensure their rights and dignity are upheld.

# HPV & Cervical Cancer Prevention, Screening, & Treatment for Female Foreign Domestic Workers



**HPV and Filipina Foreign Domestic Workers in the Context of the  
World Health Organisation's 2030 Elimination Goal: A Country Brief**

**June 2023**

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## Overview

South East Asia faces significant disparities in human papilloma virus (HPV) infection and cervical cancer outcomes, with variations influenced by socioeconomic factors.


Unfortunately, a lack of knowledge about HPV and its connection to cervical cancer has hindered the development of a comprehensive regional approach to prevention and control policies. Among vulnerable groups in this region are female foreign domestic workers (F-FDWs) in countries like Singapore. This article focuses on the F-FDW community from the Philippines, highlighting the role of digital communication including social media, cultural gaps, and coordination challenges between home and host states in addressing HPV and cervical cancer.

Insights from the overarching whitepaper were expanded with those from participants at a series of consultation events, including one focusing primarily on the Philippines. The general consensus among the experts consulted is that, while there is significant progress yet to be made, developing a deeper understanding of the underlying divides between migrant and host populations, and focusing on Filipina F-FDWs as a holistic community rather than looking at populations across host countries as fundamentally separate units, is the most efficacious path forward.

### **Cultural Gaps and Subpar Primary and Secondary Prevention Outcomes**

Cultural gaps between the F-FDW population from the Philippines and the local healthcare environment in Singapore contribute to sub-par screening outcomes. Linguistic barriers, lack of familiarity with the healthcare system, and a cultural disconnect with healthcare providers deter F-FDWs from seeking preventive care and participating in screening campaigns. F-FDWs' confinement to their employers' homes further isolates them from public health initiatives targeting schools, workplaces, and local media platforms. This exclusion perpetuates the gap in understanding and access to sexual and reproductive healthcare services.

The cultural and contextual gap between policymakers and other stakeholders designing HPV/cervical cancer campaigns in host countries and the F-FDW populations in the Philippines poses a significant challenge. Often, policymakers and program implementers may be unfamiliar with the nuanced cultural or religious taboos surrounding sexual health and reproductive issues within the F-FDW communities. These taboos can hinder open discussions about HPV and cervical cancer, making it difficult to raise awareness and promote preventive measures effectively. Additionally, pre-existing beliefs and misconceptions about vaccines, Western medicine, and the




healthcare system may further contribute to hesitancy or resistance towards HPV vaccination or screening. Furthermore, the accessibility and affordability of HPV vaccination and screening services for F-FDWs in the Philippines may be limited, exacerbating the disparities in healthcare access. To address this gap, it is crucial for policymakers and stakeholders to engage in collaborative partnerships with community leaders, cultural intermediaries, and local healthcare providers who possess a deep understanding of the F-FDW populations' cultural and religious norms. By incorporating culturally sensitive messaging, addressing misconceptions, and improving access to HPV vaccination and screening services, efforts to combat HPV and cervical cancer among F-FDWs in the Philippines can be more effective and inclusive.

### **Role of Digital and Physical Spaces**

Despite sharing English as a lingua franca and their broad presence in Singapore, and in contrast to the largely well-integrated experience of other Filipino expatriates in Singapore, F-FDWs from the Philippines occupy different physical and digital spaces from those of mainline Singaporean society. This manifests itself both in physical space and in digital space, as Filipina F-FDWs are conspicuously absent from the spaces in which Singaporean public health promotion and education takes place, existing in a blindspot for Singaporean health authorities. The same holds true in other host countries and territories, such as Hong Kong.

Foreign domestic workers employed in private households face unique challenges when it comes to accessing public spaces and receiving public health information. Unlike members of the local community and other migrant workers who have regular access to public workplaces, dormitories, or educational institutions where public health information can be easily disseminated, F-FDWs are often isolated and limited in their access to such spaces. Due to their dispersal across multiple homes and the influence of their employers as gatekeepers of information, reaching out to F-FDWs with relevant health campaigns becomes more challenging. The confined nature of their work and living environments restricts their opportunities for interaction with the wider community, making it difficult to disseminate essential information about HPV and cervical cancer prevention. Efforts to bridge this gap require innovative approaches that can effectively reach F-FDWs within the private household setting. Leveraging digital platforms, such as social media, mobile applications, or online support networks, may provide alternative avenues for communication and education, allowing F-FDWs to access vital health information and connect with their peers despite their limited physical mobility and access to public spaces.



Social media and digital platforms play a crucial role in information dissemination among F-FDWs in Singapore. These platforms transcend national borders, creating transnational communities where health information, including about sexual and reproductive health is shared. However, the existing healthcare systems and public health initiatives of both the Philippines and Singapore struggle to reach F-FDWs effectively through these channels. Limited access to accurate information about HPV and cervical cancer prevention hinders F-FDWs' vaccination and screening decisions. Moreover, cultural taboos surrounding sexual and reproductive health contribute to the misinformation and lack of health literacy among F-FDWs.


The transnational nature of F-FDW communities' social media and online spaces presents a unique challenge in combating HPV and cervical cancer. While these digital platforms provide avenues for information sharing and support networks, they also bring forth certain obstacles. The diverse backgrounds and geographical dispersion of F-FDWs make it difficult to disseminate targeted and culturally sensitive healthcare information. Language barriers, varying levels of digital literacy, and limited access to reliable online resources further complicate efforts to reach

F-FDWs effectively. Additionally, the transient nature of F-FDW employment may result in fragmented online communities, making it challenging to establish sustained engagement and education on HPV prevention and control. Overcoming these challenges requires innovative approaches, such as developing multilingual and culturally tailored online resources, partnering with community leaders to promote health education, and leveraging technology to bridge the digital divide among F-FDWs.

### **Lack of Coordination between Home and Host States**

The lack of coordination between the Philippines and Singapore exacerbates the challenges faced by F-FDWs in accessing adequate healthcare. Inadequate healthcare infrastructure, limited resources, and uneven distribution of services in the Philippines contribute to the barriers F-FDWs face even before migrating. Once in Singapore, F-FDWs encounter a healthcare system designed primarily for their employers, with limited provisions for independent access to healthcare services. The reliance on employer-sponsored healthcare coverage and the reluctance to seek care independently hinder F-FDWs from receiving timely and appropriate screenings and treatment.

## Addressing the Challenges



To improve HPV prevention and control among F-FDWs from the Philippines, several actions can be taken. First, comprehensive sexual education should be provided in both the home and host countries, addressing HPV, cervical cancer, and debunking related myths and taboos. Secondly, public health campaigns should be tailored to reach F-FDWs through channels they actively engage with, such as social media and community groups. Efforts should also focus on bridging the cultural and communication gaps between F-FDWs and healthcare providers in host countries. Providing language support and culturally sensitive healthcare services can enhance F-FDWs' understanding and engagement in preventive care.

Furthermore, increased coordination between the home and host states is crucial. Collaboration between the Philippines and Singapore can help address the healthcare gaps faced by F-FDWs. This includes information sharing, joint initiatives, and policies that facilitate access to affordable and comprehensive healthcare services. Employers should be educated about the importance of supporting F-FDWs in accessing preventive care, and insurance coverage should be expanded to include HPV vaccinations, screenings, and treatment.

By addressing the role of social media, cultural gaps, and coordination challenges, the Philippines can improve the healthcare outcomes of F-FDWs regarding HPV and cervical cancer. Strategic investments in prevention and control efforts will not only save lives but also contribute to the overall well-being and empowerment of Filipina F-FDWs in Singapore and beyond.

# HPV & Cervical Cancer Prevention, Screening, & Treatment for Female Foreign Domestic Workers



**Transnational Coordination in Developing Effective Strategies in  
Addressing HPV/CC Amongst F-FDWs in Singapore in the Context of the  
World Health Organisation's 2030 Elimination Goal : A Country Brief**

**June 2023**


**Funding Partners**



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## **Introduction**




In the face of the prevalence of HPV/CC among foreign domestic workers (F-FDWs) in Singapore, transnational coordination between host and home countries emerges as a crucial factor in developing effective strategies. Building on the findings of the whitepaper, interviews, and consultation events, this country brief highlights the need for cross-border collaboration in designing and implementing solutions to HPV/CC among F-FDWs.

## **Transcending Boundaries: Designing and Disseminating Health Promotion Campaigns**

Effective health promotion campaigns targeting F-FDWs require coordination between host and home countries. The design and dissemination of these campaigns cannot be limited to a single host country but must extend beyond borders. Collaboration in designing culturally appropriate and linguistically accessible campaigns ensures that crucial information reaches F-FDWs in a manner that resonates with their cultural backgrounds and linguistic preferences. By leveraging digital and community channels that transcend national boundaries, these campaigns can effectively reach F-FDWs in both host and home countries.

Digital spaces have become essential platforms for disseminating health information to F-FDWs. However, effective campaigns in these spaces necessitate multilateral coordination across multiple host countries. F-FDWs often move between countries for employment, and their access to digital platforms transcends national boundaries. Therefore, coordination among host countries becomes crucial in designing digital campaigns that can effectively reach and resonate with F-FDWs, regardless of their current location. Collaborative efforts in content creation, translation, and platform accessibility can help ensure that F-FDWs receive consistent and impactful messages about HPV/CC prevention, detection, and treatment.




Transnational collaboration in digital spaces is of paramount importance in addressing the HPV/CC crisis among F-FDWs. Digital platforms provide a unique opportunity to connect individuals across borders, transcending geographical limitations and enabling the exchange of information, resources, and support. By leveraging digital spaces, host and home countries can collaborate in developing and disseminating effective health promotion campaigns, educational materials, and support networks specifically tailored to F-FDWs. This collaboration can involve sharing best practices, coordinating efforts to reach F-FDWs in various host countries, and fostering a sense of community and empowerment. By harnessing the power of digital connectivity, transnational collaboration can amplify the impact of interventions, bridge linguistic and cultural barriers, and ensure that F-FDWs receive the necessary support regardless of their physical location.

### **Reforming Prevention Regimes**

While the exclusionary goals that underpin current regimes are undermining access to sexual and reproductive healthcare for F-FDWs, the efficacy with which forceful healthcare requirements have impacted the behaviour of members of the F-FDW community suggests that such requirements could be equally effective at increasing the rate at which F-FDWs access sexual and reproductive healthcare in host countries.

Eliminating medical screening requirements that dissuade F-FDWs from seeking assistance for sexual and reproductive health is of paramount importance. Many F-FDWs face barriers and fears associated with disclosing their sexual and reproductive health concerns due to the stigma and cultural taboos surrounding these topics. By removing unnecessary invasive procedures or questions that may deter F-FDWs from seeking help, healthcare systems can create a more welcoming environment. In addition to eliminating deterrent practices, it is crucial to introduce new requirements that mandate HPV vaccination for F-FDWs. HPV vaccination has proven to be highly effective in preventing cervical cancer and other HPV-related diseases. By implementing this requirement, host and home countries can significantly reduce the HPV burden among F-FDWs, ensuring their long-term health and well-being. Moreover, this proactive approach demonstrates a commitment to safeguarding the health of F-FDWs and sets a positive example for other countries to follow.



Furthermore, transnational coordination is vital in establishing consistent medical check-up and requirement regimes for F-FDWs. Home and host countries need to collaborate to develop standardised protocols that ensure comprehensive health screenings and vaccinations are conducted before F-FDWs embark on their employment journey. By aligning medical requirements and sharing health data, both countries can work together to safeguard the health of F-FDWs and prevent the spread of infectious diseases.


### **Combatting Taboos among F-FDWs and Employers**

Combatting taboos surrounding sexual and reproductive health among F-FDWs is crucial for promoting their overall well-being. Many F-FDWs come from cultures where discussing such matters openly is considered taboo, leading to a lack of knowledge, awareness, and access to appropriate healthcare services. Efforts should be made to provide culturally sensitive education and create safe spaces where F-FDWs feel comfortable discussing and seeking information about their sexual and reproductive health. By breaking down these taboos, F-FDWs can be empowered to make informed decisions and take control of their own health.

Addressing taboos surrounding sexual and reproductive health among employers is equally important. Employers play a significant role in the lives of F-FDWs, and their understanding and support can greatly impact the health outcomes of their domestic workers. Employers should be educated and encouraged to foster an open, safe and supportive environment that enables conversations about sexual and reproductive health. By promoting dialogue and providing resources, employers can contribute to the overall well-being of their F-FDWs, ensuring that they have access to the necessary information and support they need.

### **Eliminating Financial Dependence on Employers for Medical Treatment**

In Singapore and other host countries, it is essential to eliminate F-FDWs' reliance on employers to pay for HPV/CC treatment. Currently, many F-FDWs rely on their employers' financial assistance for healthcare services, including HPV vaccination and cervical cancer treatment. This dependence can create power imbalances and potential barriers to accessing timely and appropriate care. Governments and relevant stakeholders should explore options to provide comprehensive healthcare coverage for F-FDWs, ensuring that they have equal access to preventive measures, screening, and treatment for HPV/CC.



By removing the financial burden from F-FDWs and offering accessible healthcare services, their overall health outcomes can be improved, leading to a healthier and more equitable society for all. Given the transnational nature of F-FDW populations, coordination with home countries such as the Philippines and Indonesia as well as potentially with other host countries could be vital to the development of alternative financial models.

## **Conclusion**

Addressing the HPV/CC crisis among F-FDWs in Singapore requires transnational coordination between host and home countries. Collaboration in designing and disseminating health literacy and promotion campaigns, establishing consistent medical check-up and requirement regimes, and coordinating digital campaigns are essential for developing effective strategies. By recognizing the importance of cross-border cooperation, policymakers, healthcare professionals, and relevant stakeholders can collectively work towards mitigating the HPV/CC burden among F-FDWs. Transnational coordination not only improves the health outcomes of F-FDWs in Singapore but also sets a precedent for global efforts in addressing the health needs of this vulnerable population across borders.





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