

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**

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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.