

# MENTAL HEALTH CHALLENGES OF MIGRANT DOMESTIC WORKERS IN THE COVID-19 PANDEMIC: THE CASE OF BRUNEI DARUSSALAM

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## ABSTRACT

*This paper offers insight into the mental health challenges encountered by migrant domestic workers (MDWs) during the first phase of the COVID-19 pandemic in Brunei Darussalam. Data collected in one-to-one interviews evaluate their oral stories using various mental health linguistic codes. A preliminary study addresses initial signs of anxiety and other mental health issues that a segment of the migrant worker community has confronted due to employment conditions, structural restrictions, and a lack of access to mental health resources. A pilot study focuses on three narratives that pave the way for further studies into the causes, structures, and solutions around the lived experiences of crisis and control in a global pandemic.*

**Keywords:** Migrant workers, domestic helpers, mental health, COVID-19 pandemic, Brunei Darussalam

## INTRODUCTION

In the COVID-19 pandemic, global efforts to mitigate a public health crisis have led to lockdowns that have disrupted livelihoods, separated families, and increased structural as well as domestic abuse rates (Usher et al. 2020). Measures at movement restrictions have impacted education, economic, and

non-COVID-19 health sectors too. In fact, the pandemic has exacerbated economic disparities and social inequalities (Gauthier et al. 2021; Garnier et al. 2021; Okoi and Bwawa 2020) that have become apparent via indiscriminate closure of schools, national borders, and limited health services that are unrelated to the immediate COVID-19 response. For the most part, the world has been concerned with ensuring accessibility of healthcare to COVID-19 patients and the promotion of vaccination drives across the globe (World Health Organization [WHO] 2021a). While there has been a significant emphasis on epidemiological research to reduce mortality rates caused by the SARS-CoV-2 virus (Makhoul et al. 2020; Jentsch et al. 2021), the psychological effects of the crisis, control, and community during the pandemic have been relatively overlooked. Attention to mental health issues is important to inform future policies, structural changes, and educational campaigns globally.

In Southeast Asia where COVID-19 numbers are recorded in large numbers (Harjana et al. 2021), social and economic predicaments of the migrant working class deserve considerable attention (Dewanto 2021). In the case of Brunei Darussalam (henceforth Brunei), there have been no studies to date focussing on this minority group in the pandemic. Although Brunei has done exceptionally well to control the spread of the SARS-CoV-2 virus during its first wave from 9th March 2020 to 6th August 2021, partial lockdowns that have been implemented nationwide have not been without repercussions. This small nation with a population of under half a million that is situated on the north-eastern tip of Borneo (Deterding and Ho 2021) coped relatively well in the first phase (Ho 2021a). In contrast to its neighbouring countries, Brunei received much praise for modelling rigorous state measures to counteract the spread of COVID-19 in 2020 (Bodetti 2020; Ho 2020). However, these restrictions have also resulted in implicit structures of control within the workplace.

A migrant worker is defined as “a person who [...] is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national” (United Nations Convention [UNC] 1990). Migrant workers subsume formal or documented workers with temporary employment passes as well as those who remain informal or undocumented (Teo 2017: 4). As such, it is not surprising that they comprise the low socioeconomic group as their wages or salaries are not regulated and protected by law. In fact, the Asian Development Bank Institute (ADBI) et al. (2021) report that migrant workers, especially those less skilled and receiving low wages, are at higher risk due to the vicissitudes of the coronavirus pandemic.

Furthermore, intra-regional migrant workers have been identified as the hardest hit segment within Southeast Asia during the pandemic (Srinivas and Sivaraman 2021: 51–53).

Attentive to their contingent status, this study focusses on migrant workers' experience during the pandemic in Brunei. While scientific-analytical studies on Brunei's COVID-19 transmission (Wong et al. 2020; Koh et al. 2020) and Bruneians' social distancing narratives (Mohamad 2020) have been published, this study specifically addresses migrant worker communities and mental health narratives emerging during COVID-19 in Brunei. Mental health challenges during the pandemic have not gone unnoticed in Brunei (Khan 2021; Borneo Bulletin 2021). In fact, an empirical study on the mental health challenges within Brunei's medical community during COVID-19 (Ho et al. 2021) invites further studies on the larger population. In this present study, the research questions include:

1. How do migrant workers in Brunei negotiate COVID-19 constraints, such as their physical separation from loved ones, social distancing rules, and emotional vulnerabilities?
2. What mental health meanings are elicited through their oral narratives of personal crisis, control, and community as they work through the pandemic?

### **A PILOT STUDY: CRISIS, CONTROL AND COMMUNITY OF MIGRANT DOMESTIC WORKERS (MDWs) IN BRUNEI**

Interview data were collected as part of a pilot project involving cross-sections of society in Brunei. Due to its preliminary nature, a small sample size of 10 interviews were gathered from four identity categories: COVID-19 patients, essential workers, elderly, and minority groups in terms of their ethnicity, religion, and socioeconomic status. The latter category comprises migrant minorities who are foregrounded in this study. Specifically, four of the 10 interviews subsume migrant workers' narratives. Within this subgroup, three interviewees comprise migrant domestic workers (MDWs) who make up the focus of this article. At the time, the three domestic workers were legally employed as "amahs" (the local term for female domestic workers) who had been residing at their employers' homes for a substantive period, with two of them serving their Bruneian employers for over a decade and one serving her local employer for half a decade. Their in-person

interviews took place from 23rd January to 8th February 2021, while Brunei had zero COVID-19 cases. With their employers' permission, the interviews were physically conducted in the employers' homes.

The oral interviews address the crisis, control, and community during the COVID-19 pandemic from its outbreak in March 2020 until the time of the interviews in Brunei. Each semi-structured interview ran at least 30 minutes. Before conducting the interview session proper, interview questions were distributed in English (and translated into Malay for native speakers of Malay, which included the two Indonesian MDWs in this study) to put them at ease and give them some preparation before sharing their personal experiences of work and life in the pandemic in Brunei.

As a pilot study, the interview data encompass the MDWs' personal concerns and individual anxieties that are indicative of their mental health challenges. Notwithstanding its preliminary impulse, this project paves the way for further studies in view of the second wave of COVID-19 from 7th August 2021 onwards that have led to more partial lockdowns (Strangio 2021) and severely impacted the livelihoods of migrant workers (Mohamad 2021). On the basis of this present study on MDWs, more studies on migrant workers in other sectors such as construction, nursing, service, education, and engineering industries would be warranted. A few pre-pandemic studies on migrant workers in Brunei are available (Mohamed 2015; Odihi 2003), including those who work as domestic helpers (Misli et al. 2000; Abdul Razak et al. 2015). Though these studies highlight their working conditions, living constraints, and social marginalisation, they do little to address the psychological consequences of structural systems to open up vital discussions and solutions within workplaces.

This present study focuses on MDWs, who are the main sub-group of the foreign worker population in Brunei. Siddiqui et al. (1997: 4) point out that "the major categories of foreign workers [in Brunei] are domestic servants, construction workers and highly qualified teachers and other professionals in the government service". According to Brunei's Labour Force Survey (Department of Statistics 2017), there are 47,500 (documented) migrant workers who account for 11% of the total population. These include 10,358 non-local domestic workers, 7,420 non-locals in service and sales, 6,350 construction workers, 3,895 foreign professionals, and 1,808 educators (Department of Statistics 2017). In terms of their nationalities, they may originate from the Philippines, Indonesia, Bangladesh, and India. Skilled

professionals also arrive from the Global North such as Britain, Australia, the Netherlands, and Finland. From the years 2016 to 2019, migrant workers' numbers rose with an increased demand for their labour facilitated by decreased deposit rates for foreign worker recruitment (Department of Labour 2019). In COVID-19 times though, a dip in migrant workforce numbers due to incoming travel restrictions is evident (Department of Economic Planning and Statistics 2021).

Affiliated with the United Nation's International Labour Organization (ILO), Brunei declared its commitment to protect migrant workers on 17 January 2007 (Department of Labour 2021). Furthermore, Brunei is a signatory of the ASEAN Declaration on the Protection and Promotion of the Rights of Migration Workers, which aims to advocate for best practices in management policies, services for, and integration of migrant workers. However, migrant workers and their welfare remain mainly self-regulated in practice. Coupled with their "invisible" (Charsley and Wray 2015: 403; Fernandez 2014: 1; Chin 2003: 49) work, MDWs are expected to perform their duties obediently, endure long working hours, and tolerate increased demands of menial work with little to no recognition. Stress factors associated with their jobs are further exacerbated by their foreign or migrant status, which places considerable strain on their mental health (Straiton et al. 2017). Other considerations such as socioeconomic status and gender are also indicators of mental health.

In Brunei, workers' rights are covered by the Labour Enactment (1954) and Brunei Employment Order (2009). The Employment (Domestic Workers) Regulations (2009) also delineates terms of employment contracts for domestic workers in Brunei. Uncertain coverage and an absence of bilateral agreements have resulted in employers' self-regulation when hiring MDWs. The financial rights of migrant workers are also flouted when they remain unpaid and receive their salaries late (Maureen and Choirunnisa 2020). In Brunei, the demand for female MDWs is fuelled by their low economic value (Asato 2019). It is affordable to hire MDWs as their salaries are often a couple hundred dollars, with stipulated minimums of BND400 (USD300) for Indonesian MDWs (Piri and Thien 2016) and BND520 (USD400) for Filipina MDWs (The Manila Times 2015) declared by their respective embassies in Brunei. Nevertheless, there is a lack of enforcement to ensure that these salary thresholds are met to protect MDWs' salary rights in Brunei.



## **MENTAL HEALTH CHALLENGES: STRUCTURAL FACTORS AFFECTING THE MIGRANT WORKER**

Prior to Brunei's Mental Health Order (2014), "mental health had been a neglected area in Brunei for many decades" (Ho 2016: 40). Developing services to support mental health challenges is a key objective of the Brunei's Mental Health Order that defines mental disorders as "any mental illness, arrested or incomplete development of the mind, psychiatric disorder or any other disorder of disability of the mind, however acquired" (Ministry of Health 2014: 308). Given progress in "ensuring multi-agency management" (Ho 2016: 39) in mental health provision, an emphasis on structural solutions has been underscored in recent years in Brunei. Equipping the nation with mental health resources and building awareness of mental health issues have been accentuated in the last decade. However, there remains a stark absence of baseline statistics of clinical depression in the national community, much less within migrant worker communities.

As a common mental health challenge, depression is a chronic illness with a high prevalence and great incidence in women (Albert 2015). According to Freeman and Freeman's (2013) epidemiological studies, women are 75% more likely than men to suffer from depression. On the correlation between gender and mental health, the WHO highlights that "gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks" (WHO 2021b). Anxiety, social isolation, and psycho-somatic complaints serve as precursors and symptoms of a potential spiral into clinical depression to which female subjects are more prone. Mental health issues require timely, professional, and accurate interventions to identify and hold in check further psychological declines (Albert 2015).

While debt bondage affects some MDWs in Brunei (Teo 2017), most remain in their jobs to provide lifelines and fulfil the promise of a better standard of living for their dependents. The financial provisions of MDWs are evident in the flow of remittances that help to support their families back home and, in turn, contribute to the economies of developing nations. In the case of the Philippines, its Overseas Foreign Workers' (OFW) remittances from Brunei amounted to USD29.5 million in 2018 (Statista Research Department 2021). Likewise, the World Bank's (2017: 14) report states that "[r]emittances make an important contribution to the [Indonesian]

economy; they exceed total government spending on social assistance programs—at IDR89 trillion (USD6.7 billion) in 2016—and were equal to about 30 percent of Indonesia’s total foreign direct investment (FDI) in 2016”. Hence, migrant workers significantly contribute to the national economies of their home countries, but their mental health, social integration, and emotional well-being are often neglected.

Migrant workers who are physically separated from their spouses, children, and other family members are predisposed to loneliness, helplessness, and guilt that make them at risk of depression if left unchecked (Straiton et al. 2017). To add to their grievances, female MDWs contend with gender discrimination (Tendencia 2001). Fraught geographies of socio-physical spaces are evident as migrant domestic helpers are legally obliged to live in their employers’ homes. A blurring of work and living spaces in employers’ homes limits their sense of autonomy, which may affect their mental well-being. Social gatherings with friends are also limited since rest days are not compelled by law. Moreover, permission often needs to be sought to leave their employer’s workplace during their non-working hours. Stay-at-home directives issued by the Ministry of Health to mitigate the COVID-19 public health crisis exacerbates their social isolation. Added to insufficient downtime, MDWs are disadvantaged by a lack of legislation and regulations of paid annual leave, which is different from their end-of-contract passage after two years of service (Teo 2017). Contributing to their stress and unhappiness, the cumulative pressures of limited days of rest per annum, minimal or restricted social spaces, few to no familial face-to-face interactions place MDWs at a high risk of a severe decline into mental health issues that go beyond an occasional mood of sadness. Limited physical and financial access to structural resources or systematic assistance also aggravate their plight.

### **METHODOLOGY: A CULTURE-CENTRED APPROACH (CCA) TO MDWs’ NARRATIVES**

As previously mentioned, the overall data set is small due to its nature as a pilot project. From a total of 10 interviewees comprising both locals and migrants, three migrant interviewees’ responses are central to this study. This selection of three constitute domestic helpers’ oral stories of their lived experiences during COVID-19 times. Besides these, the interview data also

involved five Bruneian citizens, a British expatriate, and a Malaysian teacher whose narrative is partially included. The latter has been working in the education sector since arriving into Brunei in 2018.

As a point of comparison and contrast, I have included the narrative of a Malaysian migrant worker, Billy Mason (BM; a pseudonym) (Mason 2021). His narrative reveals structures of increased workloads that are also shared across the domestic workers' narratives. However, as a single and childless man, he offers a juxtaposition to the MDWs in terms of their burden of supporting family dependents back home. In fact, female MDWs adopt gendered roles of domesticity in their workplaces, while also acting as financial lifelines for their husbands, brothers, sons, and other family members.

A Filipina and two Indonesian domestic workers were interviewed in their live-in domestic workplaces with both the knowledge and consent of their employers. These interviews were conducted in a space where the employers were physically absent to allow the MDWs the flexibility to open up freely about their work culture, personal duties, and daily lives without fear of reproach from, or giving umbrage to, their employers. All three MDWs worked for their local employers over three to eight cycles of contract. Each contract covers a two-year period in Brunei.

A culture-centred approach (CCA) for communicative scholarship and mental health practice, as Mohan Dutta (2014: 67) conceptualises, creates crucial openings for listening to communities that are marginalised or occluded from “mainstream communication theorising and research”. Dutta et al. (2012: 1) explicate that the culture-centred approach “advances the concepts of contextual meanings and theorising from below that dialogically engage the voices of the grassroots, resisting the top-down Eurocentric production of knowledge”. To further elaborate, Kaur-Gill et al. (2021: 6) write that “the fundamental crux of CCA is the cyclical reading of culture, structure, and agency”. As a productive lens to analyse migrant workers' narratives, CCA offers a useful interpretative tool for engaging with personal stories of crisis, control, and community that are reflected in the oral interviews conducted with MDWs within Brunei.

By utilising CCA, this pilot study aims to highlight MDWs' perceptions of their socioeconomic, physical, and cultural predicaments while continuing to work during COVID-19. In exploring the mental health meanings within their narratives, the preliminary findings shed light on the structures and processes of recruitment and employment. These structures subsume a cultural practice of employers' self-regulated powers and structural inequalities that aggravate migrant workers' vulnerabilities,



as well as underscore limited self-agency within such structural confines. Hence, the interview data offers insights into MDW's working cultures, limited access to structural assistance, and their limited agency to point to an urgent need for structural changes.

The interview data was collected for a pilot project entitled "Living with COVID-19 in Southeast Asia" under the National University of Singapore's Asia Research Institute (Ho 2021b). To gather 10 interviews, a small team comprising a National Lead and three part-time research assistants (RAs) were involved. Two research assistants were involved in simultaneous interview, translation, and transcription work. Malay language was employed for the convenience of the Indonesian interviewees, while English was used with the Filipina MDW. Language preferences were set by interviewees. As the interviews dealt challenges posed during COVID-19, it was important to allow MDWs to determine the language to be used in the interview for their ease.

To maintain confidentiality, all interviewees' names have been pseudonymised. Moreover, the interviewees had no obligation to answer all interview questions posed to them. Explanations prior to conducting the interviews about the interviewee's flexibility to reject questions and request to pause the audio recording were given. The interview questions were designed to be open-ended to encourage interviewees to share their stories of crisis, control, and community from the start of the COVID-19 outbreak in Brunei. Interview questions simply aided the semi-structured sessions.

Interviewers sourced for interviewees through a snowball method. In most cases, interviewees were familiar with their respective interviewer. This interview set-up built on interviewees' existing rapport with their interviewers. Interviews were transcribed verbatim. Transcriptions retained the original format of the language used during the interview. This retention aims to sustain authentic voices and individual expressions originally adopted. No to minimal edits were made to the English transcripts, while Malay to English translations were carried out with great care. In line with CCA, this process preserves a bottom-up representation of the oral narratives.

On coding, Charmaz and Keller's (2016: 15) "heuristic device for engaging with data and beginning to take them apart analytically" is useful to bear on interview transcripts and translations. Open, axial, and selective coding processes are used to analyse mental health meanings in MDWs' narratives. In the first instance, open coding facilitates a line-by-line evaluation. In the second instance, axial coding allows structural categories to

be elicited from open codes. Through open codes of “fear/scared,” “worry,” “safety,” and “work,” broader categories such as crisis, control, and isolation are identified. Finally, selective coding enables a consideration of culture, structure, and agency that inform lived experiences of the interviewees.

## **FINDINGS**

In the COVID-19 pandemic, MDWs face vulnerabilities due to structural inadequacies that intensify mental health meanings of their narratives. Via accounts of their lived experiences, a range of concerns such as economic uncertainty, disrupted homecoming, and health concerns were articulated. The findings point to cultural structures of employment where agents (employers and state governments) play imbricated roles in reinforcing or compromising a sense of security. To answer the first research question, MDWs’ interviews demonstrate their anxiety about increased isolation from family members, persistent yearnings for home, and concerns for their physical health and safety. As MDWs studied here continued working in the pandemic, a loss of income through a sudden redundancy was not a concern for them. Comparable to Singapore (Lin and Ang 2021), increasing demand for MDWs was fuelled by work-from-home directives issued at the state level. Interviewees experienced living with COVID-19 on a personal level—individually and as a communal enclave amongst their fellow country migrant workers. To answer the second research question, increased domestic workloads exposed mental health meanings of a crisis, control, and community beyond the immediate health risks posed by the novel coronavirus. Indicators of mental stress were articulated via structural limitations, sociocultural, and economic impacts of restrictions set in motion to curb a physical health crisis. The findings of this research proceed as follows: 1) benevolent structures, 2) mental health as structural precarities and, 3) structural contentions as lived experiences.

The interviews reveal benevolent structures that are attributed to employers’ self-practices of respect and consideration for their MDWs. In this regard, employers served as agents to support the mental and physical well-being of MDWs. Relaxation time afforded in individual hobbies during working hours and financial assistance to alleviate their economic plights are generous allowances granted during the COVID-19 pandemic. Social visits by fellow country MDWs were also permitted within an employer’s home. Daily work continued with a deep sense of respect for MDWs’ personal space and individual needs.

Employers have granted pecuniary and non-pecuniary allowances during the pandemic. These include leisure time to pursue hobbies and financial arrangements to ease employees' economic burden. The MDWs consist of Rokiah Jamal (RJ) (Jamal 2021), Maimunah Arif (MA) (Arif 2021), and Jasmine Valencia (JV) (Valencia 2021), which are pseudonyms that have been applied to protect their identities. While 45-year-old Rokiah and 50-year-old Maimunah are from Jawa Tengah in Indonesia, Jasmine is a 38-year-old Filipina from the Libon Albay province. They had been working for their respective employers for substantive periods; Rokiah since 2005, Maimunah since 2010, and Jasmine since 2016 in Brunei.

Her employer's flexibility to allow individual pursuits during the pandemic was narrated by one MDW. Rokiah says, "I do some outdoor activities. One of them, my hobby, is gardening" (RJ: 5). Since 2005, her daily work had only entailed cleaning her employer's house. As she explains, "I usually clean everything indoors and outdoors, do the sweeping, make sure there are not any breeding mosquitoes" (RJ: 17). She also enjoys a respectful relationship with her employer, who permits her Indonesian friends to visit her after she completes her cleaning chores. Her employer extended her contract in the first wave of COVID-19 due to her request to remain in Brunei despite an earlier decision to return to Indonesia permanently to reunite with her family.

In Jasmine's case, financial allowances were granted. From the start of the pandemic, she was given a pay raise to compensate for the economic challenges during the pandemic. As the sole breadwinner during COVID-19, she explains that "my husband cannot work. He cannot work unlike before he has a stable work, but now on and off" (JV: 6). In pre-COVID times, her employer would grant her an all-expense paid annual holiday back to the Philippines. During her holidays, she would also receive a running salary. However, Jasmine expressed continued concerns with supporting both her sons' "tuition fees" (JV: 25) in the aftermath of her husband's loss of a job. Even while her husband and children have insisted that she return to Philippines, her "cho[ice] to stay in Brunei" is a testament of her responsibility as the sole breadwinner during COVID-19.

Qualities of a good working relationship with employers are also forged through open communication channels. On receiving COVID-19 updates from her employer, Jasmine elaborates:

Yeah always I speak also [to my] employer [...] about this the COVID to our this one and then also in my friends [...] in Brunei I always hear the COVID-19 because the last year lockdown, that's why I heard this one the COVID-19 (JV: 2).

[and]

I always my employer she always tells me, she always tells me that's why I know and also my friends outside. That's why I know about the regulation in Brunei or about the COVID-19 (JV: 7).

Open communication facilitates vital information exchange at a time of a pandemic. It also develops good relations between employer and employee, which is the foundation for instilling feelings of security and stability at the workplace that can directly impact upon mental health.

The Bruneian government has laid out a whole-of-nation approach to mitigate the COVID-19 pandemic, one that is defined by social inclusivity and based on an egalitarian system of distribution. For one, vaccines are freely distributed for all residents regardless of race, class, gender, and nationality (Bandial 2021). Moreover, there have been calls within the community to treat migrant workers fairly, especially during the pandemic. The Ministry of Health's standard operating procedures during this public health crisis have also encompassed migrant worker communities' protection. Unrestricted and randomised COVID-19 tests for migrant workers (Mahmud 2020) are proactive measures to assess the health of migrant workers within the nation.

In their interviews, the three MDWs speak about exercising precautions in accordance with guidelines set by the Ministry of Health. Rokiah points out that she “abide[d] by the guidelines given by the government” (RJ: 12) in terms of hand-washing and wearing of masks in public spaces. Similarly, Jasmine explains that “if you obey this regulation. There is a lot of people to affected the COVID-19, so it is much better to follow the government. To aware the COVID-19” (JV: 19). Along the same line, Maimunah lists out specific actions of compliance: “we should be cautious, maintain social distancing, wear masks” (MA: 6). Both these interviewees reported their agentive participation and social responsibility for virus contention in the pandemic.

Furthermore, Maimunah notes that she wore a mask when caring for her employer's child. She explains, “[w]earing masks and always being cautious because of COVID-19. [...] Especially when taking care of a small

child” (MA: 8). She also commends the Bruneian government’s transparency in their daily press conferences and timely advisory messages on their official social media accounts. In addition, she applauds the resilience of Bruneians in contending with the pandemic. She states, “Excellent. The people of Brunei’s response were good, the outcome exemplary and the way the people were educated about the pandemic was commendable” (MA: 14).

Regarding the contact tracing app called BruHealth, Rokiah and Maimunah articulate that this app is user-friendly or “easy” (RJ: 11; MA: 13). Likewise, Jasmine opines that it is “very important” (JV: 19) although she faces technical challenges: “Yeah, actually I want to try to download that one but I always reject” (JV: 12). Through her employer’s help, she eventually downloaded the tracing app and successfully used it on her outings during her days off. She also comments that she is glad to continue visiting the capital city on her days off: “It looks like a normal. I can go to *Bandar* [Bandar Seri Begawan], I can go to church, but we need to follow the rules” (JV: 26). These MDWs also expressed their satisfaction with Brunei’s high levels of containment of SARS-CoV-2 during the first wave. Jasmine views that “Brunei is a very safe place” (JV: 26). She was appreciative of the loosening of physical movement restrictions from 6 May 2020 onwards, at a time when there were no more local transmission cases (WHO 2021c). Also, she explains that “unlike the other countries very difficult have always locked down [...] But in Brunei, if I go to, to *Bandar*? Can. Also if I take a bus? Can. In Philippines? No, it’s not” (JV: 26). Virus containment has had an immediate impact on the freedom of movement enjoyed in Brunei.

Migrant workers’ mental health is supported by wider structures related to economics and social support systems. Inadequate structures may, thus, result in declines of mental health, which are intensified by lacking access to mental health services. Compelled by their financial needs, migrant workers endure physical separation from their parents, spouses, and children when working abroad. During the pandemic, this separation is exacerbated by travel restrictions and high quarantine costs that follow travel arrangements. In this subsection, mental health stressors associated with economic insecurity and social isolation are discussed. Restricted access to mental health support and professional services that would be useful to MDWs are also evaluated.

COVID-19 restrictions have brought on economic crises. As a consequence of state controls and movement restrictions, jobs have been lost in the travel, tourism, and hospitality sectors that directly impacts



individuals, families, and communities. In Brunei's case, tourism receipts plummeted from BND113.1 million (USD84 million) in 2019 to BND1.3 million (USD960,000) in 2021 (Tourism Development Department 2022). For MDWs looking to escape the poverty cycle (Deshingkar et al. 2014), securing their jobs become crucial. Mental health issues related to economic insecurity are evident in the MDWs' narratives in this study. For female migrant workers, they are among the lowest earners (Foley and Piper 2020), but also remit greater percentages of their income than men (Parrenas 2001). These factors correlate with mental stress experienced by MDWs who serve as vital breadwinners.

The open code of "work" was used to identify their anxiety related to economic insecurities. Jasmine says, "my husband no work instead he helping me, but I only want to support" (JV: 19). Thus, she admits that "there's a lot of financial difficulties" (JV: 18). Her economic dilemma is the reason she chose to continue with her job in Brunei. As she explains, "I choose to stay in Brunei and [do not] like to go back to Philippines [but] I [...] have no work [in the Philippines]" (JV: 24). Economic uncertainty associated with returning home to reunite with loved ones in the pandemic is evoked in her statement: "because if I go to the Philippines, I have no idea" (JV: 25). The anxiety that Jasmine experiences in this dilemma was expressed in her admission that she offered "more explanation" (JV: 24) to her teenage sons to clarify her choice to stay on in Brunei in the pandemic.

Similarly, "work" was a strong driving force for Rokiah's and Maimunah's decisions to defer their end-of-contract passage. For the latter, the extra income to be earned in Brunei would provide for her "children," "grandchildren," and "relatives [with] small children" (MA: 17, 18). By remaining in her paid domestic work, Maimunah was clearly motivated by the financial provisions she could continue offering to her many family members back in Jawa Tengah. Furthermore, costs of COVID-19 tests and quarantining were also matters of concern for Maimunah and Rokiah. The deferral of their homecoming took into account the expensive travel and quarantine costs. The economic insecurities of the pandemic caused anxiety to these female MDWs who felt compelled to suspend their travel plans during the global COVID-19 outbreak.

Social isolation is challenging under normal circumstances. In the COVID-19 pandemic, social isolation and its effects are accentuated (Pancani et al. 2021). Negative emotions are heightened due to a lack of control in a pandemic (Loades et al. 2020). These include anxiety, depression, and helplessness. As Rokiah mentions, "Now people are afraid. We are unable to

socialise with friends” (RJ: 8). Fear that is intimately associated with limited socialisation was an expressed concern. MDWs spoke of the emotional impact of physical distancing and international travel restrictions.

Emotional challenges are described in Jasmine’s narrative when she brings up the issue of being affected “emotionally with my family” (JV: 26). She uses emotive language to describe the way that her younger son “want[s]” and “miss[es]” (JV: 24) her. Jasmine’s vivid recollections of their online conversations are reported using an active voice, thus reflecting that the physical separation or social isolation from each other is difficult on mother and child. Recounting her son’s utterances, she narrates their verbal exchanges using evocative lines:

“Mama, mama. Why why you cannot go to the Philippines. You said last December you want to go home? [...] I’m sorry because the border is shut so how come to go, Philippines? No airplanes so I want to stay in Brunei, if I go to the Philippines, how come your mama cannot come back to Brunei?” (JV: 23).

Moreover, physical intimacy with loved ones is hindered by social distancing measures in Brunei and travel restrictions during COVID-19. Social isolation has led to “worry”—an open code expressing the mental health impact of a prolonged instance of physical distancing from family. As Jasmine states, “I hope the [...] COVID-19 is still okay *lah* and then I want to go back to the Philippines to spend [time with] my family because until now I always worry about that one” (JV: 22). A sense of anxiety due to an inability to meet her children and husband in person has taken its mental toll on her. She describes the challenges of her familial separation as “very difficult” (JV: 4). Her distress is underscored when she reiterates the prolonged time she has been away from her loved ones:

I’m very emotional because I want to see my family. How long, almost two years. Usually every year I always go to the Philippines, but now, until now (JV: 4).

Also, Jasmine expresses that she feels “scared” (JV: 2, 3, 13) while Rokiah explicitly points out her “fear” (RV: 9). Likewise, Maimunah articulates that she communicates with her family “four to five times [in a month]” (MA: 19) via “WhatsApp, telephone [and] video calling” (MA: 19) to alleviate her sense of homesickness. To an extent, these approaches to counteract social isolation during a pandemic suggest their agency. In her

narrative, Jasmine admits, “I always hear in Filipino community [...] because the Filipino communities in a Facebook page they have like that bulletin in Brunei and that’s why I always updated about the COVID-19” (JV: 12, 13). In addition to her need for accessing information, she highlights her further desire to establish a social connection or social solidarity within her national community during the pandemic.

In relation to access to mental health services, self-coping mechanisms to deal with “worry” are put in place to get on with their domestic work. Self-management of emotional distress was implemented by the MDWs. As demonstrated, the documented migrant workers spoke about their reliance on online communication channels and social media platforms to sustain familial relationships and establish a connection with their wider community. In contrast, no professional mental health services were sought to alleviate their increasing “fear” and “worry”. Consequently, structural agency to assist them in times of uncertainty was noticeably absent. Although not explicitly articulated by the MDWs, mental health challenges potentially risk their job security.

High levels of work stress were associated with an increased workload assigned by employers. In the COVID-19 pandemic, stay-at-home directives issued by the Ministry of Health meant that work-at-home and study-at-home practices were put in place from March 2020 to early June 2020. Inevitably, domestic work increased as employers and their dependents spent more time at home.

Due to a nationwide school closure for four months in the first phase of the pandemic (Han 2020), Jasmine’s employer tasked her with overseeing home-based learning for her six-year-old ward. Supervision of classwork and homework were assigned to the MDW. Hence, Jasmine took on more assigned work during the partial lockdown in the first wave of COVID-19.

Likewise, for Maimunah, she speaks of additional duties of “housework, look[ing] after the child, [and] play[ing] with her” (MA: 26). In pre-COVID times, she would get a weekly day off where she would go out to carry out leisure activities. However, she states that “[d]uring COVID, I rarely go out during my day off, but I do keep in touch with friends” (MA: 11). Therefore, limited physical spaces to carry out leisure activities highlight a merging of work and living spaces for this MDW.

This increased workload during COVID-19 is not unique to MDWs. In fact, Billy Mason, a Malaysian educator working in a private school in Brunei, is another migrant worker in this pilot study expressing his fatigue due to his workload. As a high school teacher, Billy is paid significantly

more than MDWs for his educational background and skill set. Nonetheless, the terms of his three-year contract categorise him akin to MDWs' status as a guest worker. Sharing about his increased responsibilities, he explains:

[I]t's like double workload. It's very hard for me to cope [...] [D]uring holidays, we teachers had to mark assignments. We didn't have enough time for relaxation [...] because we have to follow [...] deadlines set by the school management (BM: 8).

In the above admission, Billy makes clear that he had little to no control over the abrupt assignment of additional duties. In his case, teachers are expected to comply with the given workload assigned by school administrators. A coping strategy demonstrated in MDWs' and Billy's narratives involves a quiet compliance with the increase of assignments. However, this overall acquiescence comes at the expense of personal time for rest, leisure, and other non-work related activities.

Amongst others, structural barriers to mental health are 1) national limitations of resources, 2) discrimination against migrant workers, and 3) gender constraints and expectations. In a conservative culture, there is substantial stigma attached to mental health issues that prevents those facing mental health challenges from seeking assistance. With recent mental health advocacy in Brunei (Ministry of Health 2014), mental health resources are available, but also rather limited. In terms of mental health consequences, gender expectations and discrimination of migrant workers are also major stress factors.

In their nascent stages, Brunei's mental health services are far from exhaustive. The MDWs' narratives articulate their silences related to a lack of assistance for the emotional states of fear, anxiety, and worry. Professional services such as counselling may also be intimidating to migrant workers, for whom medical assistance comes at a substantial price as green IC holders (whose identification card is based on their non-national status). Their green ICs serve as a marker of their foreign status that precludes them from receiving subsidies for health services in Brunei. While open codes of "fear", "worry", and "work" are present in their narratives, the MDWs do not mention their seeking of any health assistance for their emotional vulnerabilities.

Moreover, discrimination against a marginalised group of foreign workers hampers medical and social services rendered to this socioeconomic group. The unfair rhetoric of migrant workers as an undeserving group

tarnishes their image and impact on their social integration. A culture of blame directed at migrant workers (Ullah and Haque 2020) leads to a lack of compassion and empathy, which translates into no to little social advocacy for their mental and physical well-being. While globalisation has resulted in labour migration, it has also produced negative implications of cultural and national hegemony (Ullah and Ho 2021). To MDWs, these hegemonies may feel overpowering and restrict their sense of belonging and identity. MDWs who perform housework and childcare tasks are already deemed as inferior due to their menial work. Their living quarters in the peripheral spaces of their employers' house also cement their position as an outsider in their employers' homes. Coupled with social stigma attached to mental health challenges, their foreign status leads to a double dose of stigma. Given their marginal status in Bruneian society, MDWs may experience both internal and external conflicts.

Furthermore, female MDWs are daughters, wives, and/or mothers who are answerable to male figures in their family. In contrast with Billy, the female MDWs do not claim to be strongly "independent" (BM: 5, 16). Their urgent familial roles are evident in their self-expressions of financial provisions for their children and family members. Unlike Billy who is "satisfied" with just "know[ing] that [my family] [is] safe and healthy" (BM: 5), Maimunah and Jasmine are often anxious about the welfare of their family back home during the pandemic. With their socioeconomic disparity, female MDWs' gender disparity may result in a self-denial or lacking admission of mental health issues. In fact, job security seems to necessitate a preservation of a strong image for Maimunah and Jasmine who employed self-coping mechanisms to remain resilient in such times. Though their fears and worries were broached, they did not seek professional or social assistance to mitigate their emotional distress that could benefit them.

## **DISCUSSION**

While benevolent structures offset mental health contentions, open codes of "fear", "worry", and "work" elicit mental health meanings in MDWs' narratives. In the COVID-19 pandemic, power disparities between local employers and their migrant employees result in assignments of additional duties, extended work hours, and other demands going unchallenged. The structural contentions that comprise these workers' lived experiences emerge in their sharing of personal challenges in navigating their work while



being physically away from their family during a pandemic. Their internal conflicts are intensified by social restrictions and international travel bans. Female MDWs' necessity to maintain their livelihoods adds to their anxiety levels. Coupled with helplessness over familial separation, these migrant workers articulate their mental health stressors in high workloads that they take on for their families' sake.

According to Parrenas et al. (2021), MDWs perform precarious labour because soft violence tends to encroach into the workplace. Although employers may be "wilfully blind to the unfree and precarious status of temporary domestic workers" (Parrenas et al. 2021), there are instances of maximum labour extraction, no to minimum living subsidies, and employers' increasing authority that violate worker-friendly policies. In this pilot project, MDWs' narratives include testimonies of their increased workloads. In the midst of COVID-19, there was also an absence of transparent talks with employers about the disbursement of quarantine costs. The three MDWs abstained from international travel in the first wave of COVID-19. While both Indonesian domestic workers deferred their end-of-contract passage, the Filipina domestic worker postponed her annual holiday back home. Despite the real economic possibility of an average employer paying for a migrant worker's quarantine fees during the pandemic, it was not vocalised nor offered to MDWs. Rather, a lack of willingness to expend these costs as an employment benefit package for these migrant workers in the pandemic seems to be at the heart of this issue. As part of their structural support, emergency travel costs could have been disbursed.

For domestic workers, their jobs demand a level of subservience that necessitates their invisible presence in their employers' home (Peterson 2007; Sainsbury 2009). This invisibility is noted in the narratives of the Indonesian MDWs who were less vocally expressive. However, subtle language differences may have also played a part in their concise responses and limited engagement. A discrepancy between their Indonesian Malay and the local interviewer's Standard Malay may have accounted for the brevity of their interview responses. Nonetheless, the unusual circumstances of these oral interviews that invite their intimate sharing are indeed rare for MDWs who tend to conduct their housework duties in silence. As unseen workers who are trained not to raise their voices above their employers', they are typically not asked to share their personal stories with others. Although their employers did not object to them being interviewed, the female MDWs exhibited some unease with opening up about their personal experiences of working at a time of a pandemic. Evidently, a power disparity

maintains their subordinated status and restricts their speaking/self-censored voices within their short answers.

There are some limitations of this study. As part of a pilot project, the data collection comprised a very small sample of migrant workers i.e. that of three documented MDWs only. These workers also live in concentrated urban areas within the Brunei-Muara district. Compared with those in rural areas, they enjoy physical proximity to mental health service centres that converge in cities. Despite this advantage, the interviewees did not seek any professional help. Presently, there is no anti-discriminatory law in place to protect migrant workers who suffer from mental health challenges. The under-reporting of any acute levels of depression and anxiety can be owed to a double stigma due to both their marginal status as a migrant worker and expectations to conform to female subservience. Their limited self-reporting seems to be rooted in a cultural consciousness or awareness of a self-stigma, public stigma, and institutional stigma around asking for help with mental health, with any instance of ill health potentially costing them their jobs.

In line with current research designs (Kaur-Gill and Dutta 2021), the implementation of oral interviews as a research instrument elicited mental health meanings albeit on a selective scale. In an effort to counteract its limited sample, this pilot study employed semi-structured interviews to facilitate open discourses about personal crises, social control, and community in the pandemic. While mental health as a structural precarity is examined through these themes, there was no single line of questioning that closed off inquiries. Instead, open-ended questions kept interviews fluid to prompt divergent flows of thought and multiple strands of responses to living in COVID-19 times.

## **PRACTICAL IMPLICATIONS**

This study is attentive to oral narratives of a social minority group. Focussing on MDWs, its findings suggest a need to destigmatise mental ill-health arising from socioeconomic pressures, work conditions, and familial separation heightened in the pandemic. While social stigma forecloses mental health access, a lack of a support system also results in lived experiences of anxiety and fear in the migrant worker community. This study evaluates first-hand narratives that may be used to inform structural changes and policymaking. Significantly, it includes MDWs in a conversation on their basic rights.

Planning for mental health services must take account of the grassroots community perspective. To challenge the discourse of migrant workers as marginal, there needs to be more structural actors and platforms to advocate for their mental and physical well-being. Hence, future studies can do so much to promote understanding and pave the way towards action plans to enable their better access to health support services.

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## **COMPLIANCE WITH ETHICAL STANDARDS**

Interview participation was gained through informed consent of respondents in accordance with procedures standard in Southeast Asian social science research.

## **NOTE**

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