

Neither Family Nor Employee

Annex: Narrative summaries of migrant domestic worker respondents

Thao*, 44, caring for an elderly woman with cancer and dementia

Demographic information: Thao is from Myanmar and has been working in Singapore as an migrant domestic worker (MDW) for 5 years. For 9 months, she has been caring for “Grandma”, an elderly woman who is suffering from intestinal cancer and early stage dementia, and has high care needs, requiring help with almost all activities of daily living (ADLs). Thao is paid \$650 a month, and is given Sunday off every week.

Recruitment and matching: Thao was not informed of any details about Grandma and her care needs when she was being interviewed in Myanmar. She was unaware of the wide spectrum of responsibilities that she would have to take on as a primary caregiver to Grandma. The agency only let her know of Grandma’s dementia, and did not mention her other medical conditions, e.g. cancer. During the three rounds of interview, they asked Thao about her previous caregiving experiences and whom her previous care recipients (CRs) were. She was informed of her salary, rest days and the number of days she could return home in a year. However, she was only given her timetable after her job was secured. Therefore, she did not know her actual job scope, nor negotiate any of her terms during the interview.

Work responsibilities: According to Thao’s timetable, she has to wake up at 7am to make breakfast for her employer and follow her to the market. When she returns home, she has to wake Grandma up and send her to daycare. In the meantime, she has to help Grandma shower, measure her blood pressure, take her temperature and help her with medication. She has to follow Grandma to the daycare and accompany her at all times to ensure that she does not fall, especially when she is doing physical exercises. The pair will stay in the daycare until 4pm. At home in the evening, while Thao is carrying out housekeeping duties like cleaning, mopping the house and cooking dinner, she has to monitor Grandma’s blood sugar level and give her medicine. Although Grandma goes to bed at 9pm, Thao has to wait for her employer to return before she can finally retire to bed at 11pm.

On Saturday, Thao has to iron, do the laundry and change the bedsheets. At times, she has to perform other extra duties like petcare, which encompasses cleaning up after the employer’s cats and hand-washing their blankets. She also has to hand-wash her employer’s clothes and clean the windows. She is not allowed to use the washing machine. These duties

were not stipulated in her work timetable given by the agency, but are instead demanded for by her employer, who coerces her to carry out the extra work.

Work conditions: Thao has weekly days off on Sunday but is expected to return home by 7pm to carry out some tasks, e.g. give medication to Grandma, wash the dishes, mop the house. On a typical weekday, she gets about 8 hours of sleep. However, this is interrupted by Grandma, who gets up around four times in the middle of the night to go to the toilet. Thao has to follow Grandma to the toilet to ensure that she does not fall, and accompany her back into the room. (Sometimes Grandma will fall asleep while she is in the toilet.) This causes Thao to feel very tired during the day, to the extent where she cannot stand for a long period of time. She wishes to have extra time (about 1-2 hours) to sleep in the day, and has relayed this request to her employer. However, her requests fall onto deaf ears, as her employer pretends to be unaware of Thao's sleeping situation.

Thao often feels that she is not treated nicely or cared for by her employer. She feels that her meals are insufficient for her. Her employer gives her 5kg of rice meant to last 6 months; if she finishes this or asks for more, she will be scolded for eating too much. Often, after her employer and Grandma eat, the leftover food from their meals is insufficient for Thao, so she has to buy her meals using her own money. She feels neglected, questioning why her employer is willing to spend \$25-30 on her cats, but not on her domestic worker who takes care of her mother.

Her rest hours are also not respected by her employer, who comes back late at night and disturbs Thao when she is sleeping or falling asleep. She rings the doorbell, making Thao get up and open the door for her, even when she brings her own keys. Her employer often makes Thao do extra work late at night, such as cleaning stains. When Thao makes a mistake, such as causing spills or stains, her employer scolds her harshly by pointing fingers in her face.

Furthermore, Thao does not get privacy in her room, despite sleeping separately from her employer and Grandma, who share a room. There are two CCTVs in her room. Thao says that, following Burmese tradition, she pats Grandma's back to help her burp when she sleeps. However, her employer has claimed that Thao was hitting her mother, and complained about this to her agency.

Due to her insufficient food intake and rest hours, Thao experiences high levels of stress, high blood pressure and dizziness when she wakes up suddenly at night. Her well-being is not taken care of and she feels mistreated by her employer.

Caregiving arrangement: Grandma goes to daycare from 9am-4pm, and Thao has to accompany her for the whole duration. She has to help Grandma play games, carry out activities and physical therapy, as well as accompany her to the toilet.

Experiences with training: Thao has undergone training courses before, but did not specify which. She paid the fees herself.

Support networks: Thao does not reach out to anybody in particular when she encounters difficulties. She has mentioned to her teacher (at the agency) about her lack of rest hours and requested to have more resting time during the day, which her teacher then relayed to her employer. However, her employer did not act on this.

Kevaly*, 35, caring for an elderly man with stroke and mild dementia

Demographic information: Kevaly is from Myanmar and has been working in Singapore as an MDW for 5 years. She has been caring for “Grandfather” for nine months. Grandfather is an elderly stroke patient and has early stage dementia. He has high care needs, requiring help with all ADLs. Kevaly is paid \$750 a month, and is given two days off every month.

Recruitment and matching: Kevaly was transferred to her current agency after her previous CR passed away. As the agency specialised in MDW-caregivers, she was informed during the interview that her work priority would be eldercare, and given information about Grandfather, such as his health conditions and forgetfulness. Before placement, the agency also informed her of her salary, meal provisions, sleeping arrangements (with Grandfather), vacation leave as well as actions to take if she fell sick. Thus, she did not negotiate her terms during the interview as she had already been informed of them prior.

Work responsibilities: On weekdays, Kevaly performs about 14 hours of care. She wakes up at 5.45am to prepare Grandfather for daycare. For 15 minutes, she has to demonstrate hand and leg exercises for him. She has to help him through all the steps, from getting out of bed to sitting, as he is unable to do them himself. She changes his diapers, wipes his arms and legs, then sits him down in a wheelchair with the help of his son because of his large size. She also prepares breakfast for him. She helps him to bathe and clothe himself, after which, she measures his blood pressure. From 8am to 4pm, she is with Grandfather at the daycare centre. She works until 7.30pm or 8pm. Sometimes, she sleeps early; on other days, she sleeps late while waiting for calls from home due to the differences in timezone. Aside from caregiving, she is not required to do extra housekeeping work, except for the occasional mopping and laundry.

She performs the same hours of care on weekends. Her morning schedule is the same, except they do not go to daycare. She usually finishes getting Grandfather ready by 11am after which she, Grandfather and his son go downstairs to buy lunch and walk around in the market for a short time. She takes her meals, rest times and leisure time (e.g. watching TV) at the same time as Grandfather.

Work conditions: Kevaly has only two days off in a month. She is expected to complete basic caregiving tasks, like waking Grandfather up and showering him, before she leaves the house. She thinks that her days off are too few, and wants more days off in the months of December and April, which are Christmas and New Year in the Buddhist calendar respectively. However, her patient is her priority. As other things are not as important as the well-being of Grandfather, she consoles herself to “let go” of these things, such as taking more rest days. She gets about seven hours of sleep at night. At night, she wakes up about two to three times to change Grandfather’s diaper. Initially, this was not the arrangement, as it was Grandfather’s son who woke up to change his father’s diapers. However, Kevaly felt bad about this since her employer also has heart issues, and hence offered to do this. During the day, when Grandfather is resting, she can sleep for about an hour.

Caregiving arrangement: Kevaly and Grandfather go to daycare every weekday, from 8am to 4pm. Kevaly is required to accompany him and carry out the same duties as she does at home, such as assisting him in the toilet and bringing him food.

Experiences with training: Prior to her employment in her current agency, Kevaly had gone through eldercare training and obtained a certificate for it by herself. She has also attended training in Singapore. Her first training experience was an elderly caregiving course, which she attended for about 6 months. Initially, the certificate was insufficient to earn her a job at her current agency due to the short training hours, but this was resolved after some negotiation. She did not find the training particularly useful, as they taught her skills at which she was already adept.

She received further training at her current agency, which she felt gave her more confidence in elderly caregiving. They taught her how to transfer patients, do tube feeding, check for blood pressure, perform wound dressing, prepare food that elderly patients can swallow, etc. She found this training more useful as it taught her more specific skills; and gave her the confidence boost she needed to carry out her caregiving tasks.

Support networks: She does not feel comfortable talking to her employer if she is having a difficult time. However, she does have support from her agency and her fellow domestic worker friends who are from Indonesia, Philippines and Myanmar. She also talks to her family over the phone every day.

Mas*, 34, caring for an elderly woman who is a stroke patient

Demographic information: Mas is from Myanmar and has been working in Singapore for 8 years. She has been caring for “Grandmother” for 2 years. Grandmother is an elderly woman who is recovering from a stroke. During the period of Grandmother’s hospitalisation, Mas had

to attend to her as she required help with most ADLs at the time. Mas is paid \$560 a month, and has two days off a month.

Recruitment and matching: During the interview, Mas was informed that she would be taking care of an elderly person who was a stroke patient, but not that Grandmother was hospitalised. During the interview, she was told about her salary, meal arrangements and number of rest days. However, other information—like how long she could rest in a day, how much work needed to be done, and whether she would have her own private space to herself—was not relayed to her by the employer during the interview. Initially, it was stated in her contract that she was entitled to one day off a month. However, she was able to negotiate this to two days off with her employer.

Work responsibilities: When Grandmother was still ill due to her stroke, Mas had to assist in relocating her from her home to her employer's home as she could no longer live independently. She was trained by the hospital on what she needed to do for Grandmother. Her daily schedule from Monday to Sunday starts with her waking up at 6am to prepare breakfast for Grandmother and the rest of the family. She starts to prepare lunch by 11am. After lunch, Mas will carry out some housekeeping duties like dusting, mopping the floor, ironing, doing laundry and washing the toilet. Sometimes, she needs to bathe the dog. She cooks dinner at 4pm. On the weekend, when everybody is at home, Mas cooks all three meals: breakfast, lunch and dinner. She sends Grandmother off to daycare from 7.15am to 3.30pm, but is not required to accompany her there.

After dinner, Mas washes the dishes and prepares medication for Grandmother. This includes measuring her blood pressure, applying medicated oil on her body and preparing her medicine in a cup.

Work conditions: Mas gets two days off a month. Her employers require her to cook on her rest days. She performs about 16 hours of work in a day, inclusive of caregiving and domestic work. Sometimes, Grandmother will wake her up earlier when she needs to go to the toilet. Mas gets about seven hours of sleep a night, and one hour of rest in the day.

Caregiving arrangement: The employer's family sends Grandmother to the daycare centre on weekdays. Mas is not required to accompany her, as Grandmother is quite independent and no longer requires help with ADLs after recovering from her stroke.

Experiences with training: Mas attended training in Myanmar for about 3 months. She was trained in nursing, encompassing all types of patients, not just an elderly person. She was taught skills such as measuring blood pressure, body temperature, tube feeding, how to help the elderly person go to the toilet, etc. She paid for the course and obtained a certificate.

Saniy*, 42, caring for an elderly woman with stroke

Demographic information: Saniy is from Myanmar and has been working in Singapore as an MDW for 10 years. She has been working for her current employer for 3 years, caring for “Grandma”. Grandma is an elderly woman who is a stroke patient, requiring help with all ADLs. Saniy’s monthly salary is \$650, and she is given two days off a month, but she chooses not to take them.

Recruitment and matching: Saniy did not get an interview with her employer. Her agency informed her that she would be taking care of an elderly person who had a stroke. They informed her that she would be the first helper hired by her employer’s family, that Grandma is unable to speak or walk, and needed help with changing her diapers, tube-feeding and transferring. She was also told that she needed to ask what kind of food Grandma would like to eat so that she could cook for her. Overall, Saniy seemed satisfied with her terms, and hence did not negotiate them with her agency.

Work responsibilities: Saniy spends about 16 hours performing care, as well as the household chores. After she wakes up at 5.30 am, she prepares breakfast for herself and the other helpers. She then measures Grandma’s blood pressure and temperature and does dressing for the rashes on Grandma’s chest. After going through Grandma’s personal hygiene routine, she does tube-feeding for about 10 minutes, then adjusts Grandma’s bed into a sitting position for an hour so that she can digest. Saniy then checks her diaper, then transfers Grandma into the shower to bathe. From 10am onwards, healthcare professionals come to the house to help Grandma do physiotherapy and advise Saniy on what medication to administer when her Grandma’s blood pressure increases. Other than tube-feeding every four hours, Saniy does the laundry, washes the toilet after Grandma bathes, visits the market to do grocery shopping and occasionally takes Grandma out to get fresh air at the nearby park. Before bedtime, she applies ointment on Grandma and stays beside her until she sleeps, lest she gets up by herself and falls down. Saniy performs about five hours of housework in a day.

Work conditions: Saniy was given two days off a month but she decided not to take them. She is satisfied with her rest hours, and typically gets about 8 hours of sleep a night, and is free to rest and watch TV with Grandma. She can usually sleep throughout the night without being woken up by Grandma.

Caregiving arrangement: There is another MDW in the house who shares the same job scope as Saniy, dividing up the caregiving and housework. When Saniy does housework, the other MDW will take care of Grandma, and vice versa. Their employer has also engaged health professionals to come to the house every Monday to Thursday, to check on Grandma’s health, as well as conduct physiotherapy and speech therapy with her.

Experiences with training: Saniy has not had any formal caregiver training. She learned some basic skills from doctors and nurses who have tended to Grandma, and feels that these are sufficient for her current job. However, she does wish to go for more caregiving training, so that she can be better prepared to deal with unprecedented situations.

Support networks: She is satisfied with her relationship with her employer, Grandma and the other MDW that she is working with. She feels that they work well as a team and that her employer treats them well.

Sane*, 35, caring for an elderly woman with cancer and early stage dementia

Demographic Information: Sane is from Myanmar and has been working in Singapore as an MDW for 9 years. She has been working for her current employer for over a year, caring for “Grandma”. Grandma is a cancer patient and has early stage dementia. She requires help with walking and taking medication. Sane’s monthly salary is \$600, and she is given two days off a month.

Recruitment and matching: Sane was informed of Grandma’s age, health conditions and mobility issues while being interviewed for the job. The agency and employer also informed her that she would be getting at least eight hours of rest time, what time she could wake up and go to bed, her sleeping arrangements with Grandma, her vacation time and her workload, which consists of both housework and caregiving.

Work responsibilities: She performs about 12 hours of care work a day, and approximately three hours of housework. She wakes up at 6.30am to prepare breakfast for herself and Grandma. She then helps Grandma with light physical exercise until 9.30am, when she sends Grandma to senior care. Grandma returns home at 11.30am, and Sane begins preparing lunch for her. After lunch, they exercise by taking a walk outside, after which Grandma takes a rest while Sane cleans the house. This routine repeats until 9.30pm, when Grandma retires to bed. Sane goes to the market on weekends, and for prayers on Wednesday and Saturday.

Work conditions: Sane has two days off a month, and describes her leave arrangements with her employer as flexible. She is allowed to take four days of leave if she is undergoing training courses. She is not required to work during her days off. She has to wake up during the night to tend to Grandma. She thinks that her salary is “a little less”, and wishes to get \$650 a month instead of her current salary of \$600.

Caregiving arrangement: Grandma attends senior care from 9.30am to 11.30am. Sane is not required to accompany her there.

Experiences with training: Sane attended training in Singapore as she wanted to ensure she was better prepared to take care of Grandma. She paid for these courses herself. Through the training, she learned about types of diseases, hygiene, transferring patients, changing diapers, managing medicine, how to take blood pressure and how to use the AED. She found these skills very useful; they boosted her confidence in her caregiving abilities.

Support networks: As Sane is allowed to use her phone freely, she contacts her family in Myanmar after she has finished her work. Sane also meets with her friends once a week, and feels that this is sufficient for her.

Nita*, 53, caring for an elderly man who is wheelchair bound; previously caring for an elderly man who needed help with all ADLs

Demographic information: Nita is from Myanmar and has been working in Singapore as an MDW for over 9 years for the same employer. She had been caring for two care recipients, but at the time of our interview, one had passed away. Her first CR is an elderly man, “Eldest Son”, who has diabetes and is wheelchair-bound. Her second CR, “Grandfather”, had diabetes, and needed help with almost all ADLs as his physical condition deteriorated up until his death. Nita’s monthly salary is now \$700, and she is given three days off a month.

Recruitment and matching: Nita did not go through a formal interview process. She was given “a piece of paper” by her agency, a flight ticket, and came to Singapore afterwards. She only received more information when she arrived. Her employer provided her a timetable, which consisted of her daily duties and what she was expected to do for Eldest Son and Grandfather. There was very little information provided to her prior to her recruitment, including the fact that she had to care for two care recipients, due to the lack of an interview between her and her employer.

Work responsibilities: Nita performs about 16 hours of care and housework in a day. She has to do housework for two households, as requested by Grandfather’s daughter. She wakes up at 6.30am to prepare breakfast for the whole family. Before Grandfather woke up, she would do other house chores, such as washing and hanging laundry. When Grandfather was awake, she gave him medicine and helped him do leg exercises. She has to bandage Eldest Son’s wounds before he showers. For lunch, she would buy food from outside, as Grandfather only ate “outside” food. Afterwards, when Grandfather slept and Eldest Son took a rest, Nita completed other housework, such as mopping the floor, ironing, wiping windows

and preparing dinner for the family. On Saturdays, her employer's extended family visits, and she has to cook for a lot of people. Her housework duties remain the same on weekends.

Work conditions: Nita is given three rest days a month, although initially she was given only one day off a month. She managed to negotiate for three days after four years. On her days off, she works before and after her "official" rest hours which are from 9am to 5.30pm. She gets about seven hours of sleep at night, but had to wake up about three to four times to change Grandfather's diaper. When Grandfather was alive, she was extremely tired and lost a lot of weight as she had to tend to him round-the-clock, causing her to lose sleep and rest in the day. She was only able to sleep properly at night and rest in the day after he passed away.

Nita describes her relationship with her employers as "appropriate". They accommodate some of her needs, such as hiring another MDW when she told them that she was unable to handle the workload by herself. However, they hold onto her passport and Work Permit against her wishes. Her employers also restrict her days off. Furthermore, Nita's initial salary was low at \$300 a month, and she would have only received \$20 in increments had she not requested more. However, she managed to negotiate a significant salary increment, and extended her annual vacation period from two weeks to a month.

Caregiving arrangement: Nita's employers engaged another MDW to help Nita with both caregiving and housework after she told them that she could not handle the workload.

Experiences with training: Nita has attended an eldercare workshop, which covered a range of skills such as proper feeding techniques, transferring patients, preventing falls, changing diapers, injecting insulin and checking blood pressure. Her employer's family paid for her training. Prior to Grandfather's death, she attended weekly training for three months, which taught her how to deal with dementia patients. This was also paid for by her employer, but she stopped attending after Grandfather passed away. She found the training very useful, as she "wasn't pushed to exhaustion anymore" when taking care of Grandfather. The new techniques she learned put both of them more at ease, and boosted her confidence in her caregiving abilities.

Support networks: Nita has support networks in Singapore and back home. She often chats with her friends in front of the house while she is working and goes out with them on her days off. She is also in regular contact with her family members in Myanmar through phone calls and messages.

Benvinda*, 43, caring for an elderly woman with intestinal cancer

Demographic information: Benvinda is from Myanmar and has been working in Singapore as an MDW for over 9 years. She has been working for her current employer for more than a year, taking care of “Grandma”. Grandma suffers from intestinal cancer. She requires some help with walking and dressing, and is mildly forgetful. Benvinda is paid \$600 a month, and is given two days off a month.

Recruitment and matching: Benvinda was recruited by her current employer through an employment agency. During the interview with her employer, she was informed of Grandma’s age and mental status, that she was wheelchair-bound. She was also informed of her employment terms, such as work hours, rest hours and days off.

Work responsibilities: Benvinda performs 15 hours of work everyday, inclusive of her household chores. She wakes up at 6.30am to prepare breakfast for Grandma. After breakfast, Grandma will do light exercises like walking. From 9am to 11.30am, Grandma goes to senior day care. When she returns, Benvinda prepares lunch while Grandma rests and watches TV. Grandma does more light exercise from 2pm to 3pm and again at 7pm. In between those timings, she takes a rest by watching TV and listening to the radio; Benvinda accompanies her as she does so. After mealtimes, Benvinda carries out household chores, such as cleaning the house, doing the laundry and washing dishes.

Work conditions: Benvinda gets two days off a month. She is not expected to work on those days, but still feels obligated to take care of Grandma as she lives alone with her. On some days, she will take only half a day off, or go out for only three hours. Benvinda does not want to leave Grandma alone at home in case anything happens to her. She gets nine hours of sleep at night, but wakes up two to three times to take care of Grandma. She thinks that her salary is too little, and wishes for it to be increased to \$650.

Caregiving arrangement: Grandma attends daycare from 9am to 11.30am. Benvinda used to accompany her there, but due to new arrangements with her employer, she no longer has to.

Experiences with training: Benvinda has gone for training at formal training centres. She sourced and paid for the training herself as she wanted to know how to better take care of the elderly person. The training taught her various skills such as dealing with basic diseases, hygiene, how to transfer patients and manage medicine as well as emergency procedures such as using the AED and what to do when an elderly chokes on food. She found the training very useful as it helped her manage her first patient when she choked on her food. She says that if not for the course, she would not have been able to assist, and the patient

could have died. She thinks that she requires more advanced training, but that she does not have the time to attend it.

Support networks: Benvinda has a good relationship with her employer and Grandma, and feels treated like a family member. She can contact her friends and family regularly. She cannot meet her friends regularly, though, as she rarely takes a full day off.

Ismi*, 42, caring for an elderly man with high care needs

Demographic information: Ismi is from Indonesia and has been working for the same employer in Singapore for over 13 years. Her CR is an elderly man who requires help with all ADLs except for eating. Ismi is paid \$800 a month and does not take any days off.

Recruitment and matching: Initially, when Ismi was interviewed by her current employer, she was recruited to do housework only. She only found out that her employers were elderly after she reached Singapore. As the years passed, the health of one of her employers began to deteriorate, requiring round-the-clock care from Ismi. Prior to her employment, Ismi was informed of how many days off she could take. However, Ismi no longer takes days off due to her CR's stroke, which requires her constant care at home.

Work and responsibilities: Ismi works for 14 hours everyday. She wakes up at 6am to prepare breakfast for the household. When her CR wakes up, she will bathe him, brush his teeth and clothe him. He does not require help to eat. While her CR rests, Ismi has to do housework like gardening. After that, she will cook lunch. While her CR is napping, Ismi will continue doing housework. Her CR will take another bath at 5pm, after which is dinner. Her routine in the day will repeat after dinner. Her CR sleeps around 10pm. As her schedule follows closely with her CR's, she will be able to go to bed by 10pm as well. This schedule remains the same on weekends.

Work conditions: While she initially had days off, Ismi's CR's stroke compelled her to stop taking them as he requires round-the-clock care. Ismi is compensated \$200 a month for this. She sleeps by 10pm, giving her 8 hours of sleep every day. She also sleeps in her own room. She wakes up one or two times in the middle of the night when her CR needs help to go to the toilet, or coughs, which requires her to sit him up and give him water.

Caregiving arrangement: Ismi and her CR do not have any other caregiving arrangements.

Experiences with training: She attended a one-day course at HOME, which taught her how to communicate with the elderly person, infection control, understanding and monitoring vital signs, nutrition and hydration, day-to-day care, simple activities and exercises for the elderly person, assisting with oral medication, fall prevention and managing emergencies. She was

trained to transfer patients and do tube feeding from nurses when her employers were hospitalised. She finds these training sessions useful as she is more prepared and confident about taking care of the elderly person, compared to when she first started caring for her CR.

Support networks: Ismi is very close to her CR, and regards him as her own family. She video calls her family every day. Her CR is also friendly with them.

Fadhilah*, 29, caring for an elderly woman with dementia and postural hypotension

Demographic information: Fadhilah is from Indonesia and has been working for her current employer for one year, caring for “Grandma”, an elderly woman with postural hypotension and moderate dementia. She requires help with all ADLs. Fadhilah’s monthly salary is \$630, and she is given two days off per month.

Recruitment and matching: During the interview with her agency, Fadhilah was given very little information except for the fact that she would be taking care of an elderly person. She was not informed of Grandma’s medical conditions, or what she required help with. Fadhilah had to initiate an interview with her employer to clarify her working conditions. Fadhilah negotiated some employment terms, such as not being made to perform the dangerous task of cleaning high windows. They also discussed her salary, meal arrangements and her ability to use a separate room to carry out her daily prayers in privacy.

Work responsibilities: Fadhilah performs about eight hours of care and seven hours of housework a day. She wakes up at 5.30am and starts work at 6am. From 6am to 7am, she does housework: cleaning the cat litter, cleaning the kitchen cabinets, watering the plants and cleaning the balcony. Then, she prepares breakfast for the household. After breakfast, she continues doing housework, such as vacuuming, mopping and cleaning the toilet.

After lunch, she travels to the nursing home where Grandma is staying temporarily as the house is undergoing renovation. At the home, Fadhilah is responsible for feeding, changing diapers, bathing, exercise, as well as playing cards and puzzles with Grandma. She returns home at 8pm, where she prepares dinner and washes the dishes. Occasionally, she has to clean up after the cat. By 9.30pm onwards, Fadhilah has her free time.

Work conditions: Fadhilah is given two days off a month. On her day off, she is expected to clean as per usual and cook extra food for Grandma and her employer. She gets around eight and nine hours of sleep a night. When Grandma was staying at home, Fadhilah would wake up several times at night to tend to Grandma. As Grandma has moderate dementia, Grandma

would wake up intending to go to the toilet, forgetting that she is wearing diapers. Sometimes, Fadhilah also wakes up to tend to her employer who has rheumatism. She wipes his back and massages his foot when he is in pain.

While she claims that her employer is understanding, Fadhilah struggles to balance caregiving and housework. As a result of her physical exertion in doing both, she has lost a considerable amount of weight. She is also restricted from using her phone while working, as her employer wants her to focus on taking care of Grandma, who as a dementia patient requires her full attention.

Caregiving arrangement: Grandma has been placed in a nursing home temporarily while the house is undergoing renovation.

Experiences with training: Fadhilah has undergone basic helper training for two weeks in Indonesia. The training included how to transfer the elderly person, how to hold stroke patients and how to help them walk. She has also gone for physiotherapy, bed exercise and dementia training. As a result, she has a better understanding of dementia, and has more confidence in taking care of an elderly person.

Support networks: Fadhilah has a good relationship with her employer, whom she can turn to if she is having problems. She can meet her friends and talk to them during her days off. However, she struggles to contact her son who lives with her ex-in-laws. She has a strained relationship with her parents due to financial reasons, and hence does not confide in them when she has problems. Thus, she is only in contact with them when something happens back home.

Zahidah*, 39, caring for an elderly female with diabetes

Demographic information: Zahidah is from Indonesia and has been working in Singapore for the same employer for more than 3 years. Her CR is an elderly woman who requires help with showering, cooking and managing money. Zahidah's monthly salary is \$560, and she is given two days off per month.

Recruitment and matching: Zahidah's agency had not informed her of any caregiving responsibilities before she was recruited into this household. She was only informed of this during her interview with her employer, who only briefly mentioned these responsibilities but did not go into specifics. While her employer informed her about her household chores and sleeping arrangements, they did not specifically state her work and rest hours, or her caregiving responsibilities.

Work responsibilities: Zahidah wakes up at 6.30am every day to give her CR medicine. She makes breakfast for her CR. While the CR eats and showers, Zahidah cleans the house until 11am, after which she starts cooking lunch. From 1pm to 4pm she resumes other housework like doing the laundry, washing the toilets and going to the market to buy groceries. She starts cooking her CR's dinner at 4pm, after which is dinner time. Zahidah gives her CR medicine after every meal. Occasionally, she helps her CR's daughter prepare dinner (when she comes home to cook). After dinner, she finishes the rest of the chores, like folding laundry, before she goes to bed at 9pm.

Work conditions: Zahidah gets two days off in a month. She feels that she gets enough rest, as she gets nine hours of sleep and about 30 minutes to an hour of rest time during the day. Her CR wakes her up occasionally when she is unable to sleep. Zahidah wants a higher salary.

Caregiving arrangement: The household does not engage any formal care services or other MDWs. Zahidah carries out caregiving and housework duties by herself.

Experiences with training: Zahidah attended a one-week domestic worker training course in Indonesia, which covered a large range of competencies, such as English language skills, cooking, cleaning the house, bathing and taking care of babies and the elderly person. She has also attended housekeeping training in Singapore, which covers house cleaning activities. At the time of interview, she was undergoing eldercare training.

Support networks: Zahidah meets her friends on her days off and has the freedom to call her family and friends on her own handphone. She also has a good relationship with her CR, and used to have a good relationship with her employer, who was caring and understanding.*

*Upon follow-up, we found that her conditions and relationship with her employer had changed for the worse.

Shahila*, 34, caring for an elderly woman with stroke

Demographic information: Shahila is from Indonesia and has been working in Singapore as an MDW for 8 years. She has been working for her current employer for 3 months, caring for "Ah ma", who has high care needs, and requires help with all her ADLs. Shahila's monthly salary is \$800, and she is given two days off per month.

Recruitment and matching: During her interview with the agency, Shahila was given clear explanations about her job, the condition of Ah ma, and her work responsibilities, which encompassed tube-feeding, feeding, changing diapers, managing medicine and bringing her for doctor appointments. They informed her of her rest hours, sleeping arrangements, salary,

days off and meal arrangements. However, they did not tell her what her daily working hours would be.

Work and responsibilities: Shahila works 15 hours every day. Her work hours vary depending on the time Ah ma wakes up. After Ah ma wakes up, Shahila showers her, prepares and feeds breakfast to her. Then, Shahila helps Ah ma do simple exercise for about 30 minutes, after which she will carry out some brain-stimulating activities, such as colouring. They also go outside for some sun or watch TV. Then, Ah ma naps, takes her lunch, and exercises again with Shahila's help. Ah ma eats dinner from 6pm to 7pm, after which she watches TV again. As Shahila's schedule follows that of Ah ma's, she usually goes to sleep by 9pm or 10pm.

Work conditions: Shahila gets two days off a month. When Ah ma requires tube-feeding, Shahila needs to wake up at 12am to feed her. Sometimes, she wakes up in the middle of the night a couple of times to sit with her or change her sleeping position.

Caregiving arrangement: Shahila's employer has engaged another MDW to do the housework in the house. Thus, Shahila's workload is limited to her caregiving duties.

Experiences with training: Shahila completed caregiver and healthcare assistant courses in Singapore, which spanned a year each. Her employer paid for both of these training courses. The courses covered a variety of competencies, such as understanding ageing, communicating with elderly, controlling infection, understanding and monitoring vital signs, nutrition and hydration, day-to-day care, simple activities and exercises for elderly persons, etc. She is more confident in her skills as a result of the training, and finds the skills very applicable to her job.

Support networks: Shahila is in regular contact with her family in Indonesia through texts and occasional calls. She meets her friends during her days off and turns to them for help. She has a good relationship with her employer and is able to talk to her if she faces issues.

Nalin*, 37, caring for an elderly woman with dementia

Demographic information: Nalin is from the Philippines and has been working in Singapore as an MDW for two years. She has been working for her current employer for more than a year, caring for "Ah Ma". Ah Ma has dementia and high care needs. Nalin's monthly salary is \$700, and she is given two days off per month.

Recruitment and matching: Nalin's agency's partner in the Philippines did not inform her that she would be taking care of an elderly person. She only found out this information

through the agency in Singapore. When she spoke to her employer during the interview, she was informed that Ah Ma had dementia, and about her salary, sleeping and meal arrangements. However, she was not given a clear idea of her job scope and only realised the extent of her caregiving duties when she started working.

Work and responsibilities: Nalin performs about 13 hours of work a day. At 10am, Nalin cleans Ah Ma in bed as Ah Ma is unable to get up and go to the toilet. Nalin then dresses her, cleans her dentures, applies moisturiser and cleans her catheter. After that, she feeds her breakfast, brings her outside for some fresh air, administers her medication and helps Ah Ma with some exercises. Aside from caregiving, she also does the laundry, cooking and cleaning of the house.

Work conditions: Nalin has two days off a month. On many occasions, her employer has told her not to take a day off because he had important errands to run. She is compensated for the days off she is unable to take. She is still required to take care of Ah Ma in the mornings during her days off. She cleans her and her catheter, and takes her blood pressure and temperature before leaving.

When Nalin first started working in this household, Ah Ma was able to walk. Over time, when her health deteriorated, Nalin experienced more physical strain and stress taking care of her. Nalin has also suffered from backaches from carrying Ah Ma until she received proper training on how to do this. Often, Nalin wakes up in the middle of the night to Ah Ma screaming and looking for her, while having nightmares. Nalin has to stay up at night to tend to her. Once, she did not sleep for two nights straight.

Nalin reported feeling stressed out when her employer himself gets involved in the caregiving process, as he asks many questions that make her more confused. She finds him unnecessarily naggy, and prefers taking care of Ah Ma by herself as she is clearer on what to do without her employer's interference.

Caregiving arrangement: The household does not engage other formal care services.

Experiences with training: Nalin has undergone training at Care Academy. She was taught skills like infection control, hygiene, how to attend to wounds, dealing with dementia, tube-feeding, injecting insulin, how to insert oxygen tubes, cleaning of catheters, and how to suction phlegm. In the Philippines, she has undergone training on how to measure blood pressure, temperature and conduct simple physiotherapy exercises. She feels that the training has boosted her confidence and has greatly improved her caregiving skills.

Support networks: Nalin meets up with her friends during her days off. She can use her handphone to call her family every day for support.

Joyce*, 40, caring for an elderly wheelchair-bound man

Demographic information: Joyce is from the Philippines and has been working in Singapore for the same employer for seven years. Her CR is an elderly stroke patient who is wheelchair-bound. He requires help with all ADLs. She is paid \$600 a month and given two days off a month.

Recruitment and matching: During her interview with her employer, Joyce was informed that she would be taking care of an elderly person. She was briefed on her CR's health conditions, temperaments and care needs. Her agency informed her of her working hours and salary.

Joyce initially wanted four days off a month, but was only able to negotiate for two. She was unable to negotiate for an increase in her salary and annual leave.

Work responsibilities: Joyce works for 14 hours a day, inclusive of performing care and housework. She wakes up at 6.30am and prepares breakfast for the household. At 7am, she prepares medicine for her CR. From 8am to 10.30am, she cleans the house and does the laundry. At 10.30am, she starts preparing lunch, which is ready by 12pm. After lunch, she gives her CR medication, irons the clothes, tidies up the cabinets and folds the laundry. From 5pm to 6pm, she prepares dinner, which is served at 7pm. After dinner, she showers her CR. From then on, she performs the rest of her general housekeeping duties such as cleaning the kitchen. For the rest of the night, she has her own leisure time, such as talking to her family, going on social media and talking to her employer's wife, with whom she shares a good relationship.

Her workload has increased since the birth of her employer's son as she also has to take care of him and do more housework.

Work conditions: Although Joyce initially had no days off, she managed to negotiate for two a month. On her days off, she has to mop the living room floor in the morning and shower her CR at night when she gets home. She gets about eight hours of sleep a night, and seldom needs to wake up to tend to her CR. She experiences some body aches due to her CR's heavy weight and her increased ironing duties.

Joyce has asked for a higher salary, more days off and annual vacation days as stated in her contract. However, her requests have not been fulfilled. Furthermore, on many occasions her employer requests that she does not take her day off, and instead accept monetary compensation.

She had experienced abuse before from her CR. He constantly shouts at her due to his poor hearing, and has hurt her in the past. When this occurred, she was advised by her employer to run to another room while he called the police to intervene.

Caregiving arrangement: Her CR goes to a rehabilitative centre once a week for about two hours. Joyce stays with him throughout the duration of his therapy.

Experiences with training: She has attended training at a hospital. She was taught how to take care of stroke patients, exercise them, transfer them from bed to wheelchair, shower them and assist them in walking and changing clothes. She found the training very helpful and it boosted her confidence in taking care of her CR. She states that if not for the training, she would not have known how to properly transfer him to the bed or help him to exercise.

Support networks: Joyce is able to meet her friends during her days off. She also has two siblings with her in Singapore, hence is able to turn to them for support. She also talks to her children every day on Facebook.

Ariel*, 33, caring for an elderly woman with cancer

Demographic information: Ariel is from the Philippines and has been working in Singapore as an MDW for 8 years. She has been working for her current employer for 5 years, taking care of “Ahma”, an elderly woman with cancer. Ahma requires some help with ADLs and all IADLs, except managing money and medicine. Ariel is paid \$800 a month and is given four days off a month.

Recruitment and matching: During her interview, Ariel’s agency did not give her any details about Ahma’s condition, except that she was elderly. At the time of her hiring, Ahma was more independent. Hence, Ariel was not hired specifically to take care of her (though Ahma would come over to her employer’s house during the weekdays and Ariel would have to spend time caring for her then). During the interview, her employer informed her of childcare duties, working hours, days off, sleeping arrangements and annual vacation days.

Work responsibilities: Ariel works about 13 hours a day. She wakes up at 6.15am to make juice for her employers, prepare breakfast and pack lunch for the youngest child. After they have gone to work and school respectively, Ariel will start to clean the house. She would then prepare breakfast for Ahma, who comes to the house at 10am. She will then proceed to do the laundry, clean the house, and prepare lunch for Ahma and her employer’s sister. After lunch, she has about two hours of resting time. She will then prepare for Ahma to go home, and prepare her dinner at 5pm. She will have to cook two more times after that, for the child and for her employers. After which, she will complete the rest of her house chores, such as cleaning the dishes and tidying up the house, before she stops work for the day at 9pm.

Work conditions: Ariel gets four days off a month, two on Sundays and two on Fridays. She usually gets about eight hours of sleep, with an additional two hours of rest time during the day. When Ahma is at home, she needs to wake up at 12am to inject medication for her. She also wakes up in the middle of the night when Ahma goes to the toilet.

Ariel's workload has also increased when the family's other helper stopped working for her employer. Now, she has to cook for the family on top of taking care of Ahma. Her employer did not discuss this change in workload before the other helper stopped working.

Caregiving arrangement: They used to have another MDW to do housework but currently Ariel is the only MDW.

Experiences with training: She has attended basic nursing training which encompasses taking blood pressure, injecting insulin, how to transfer the elderly person from the bed to wheelchair, managing emergency medicine, and how to deal with dementia patients. After the training, she feels more prepared and confident in taking care of Ahma. However, she wishes to go for more training as she feels that there are more skills that she could pick up on that would be useful to her job.

Support networks: She speaks to her friends in Singapore and can confide in her employers if she is facing any issues. She also speaks to her friends and family back in the Philippines every night.

Sofea*, 47, who cared for a bedridden elderly woman with dementia

Demographic Information: Sofea is from the Philippines and has been working in Singapore as an MDW for 11 years. She has been working for her current employer for 6 years, caring for "Popo", who recently passed away. Popo was bedridden and had dementia, requiring help with all ADLs and IADLs, except managing money. Sofea is paid \$800 a month and is currently given four days off a month, after Popo's passing. Previously, she had two days.

Recruitment and matching: During her interview with her employer, Sofea was informed that she would have to wake up at night to look after her care recipient. She was told that her work responsibilities were limited to performing care for Popo, as there was another helper responsible for household chores. She was also informed of her salary, sleeping arrangements with Popo, meal arrangements, vacation leave days and number of days off.

Work and responsibilities: Sofea works for 14 hours a day. At 6am, she would start her day by giving Popo medicine, then cleaning her with a sponge bath and changing diapers. This

was followed by feeding. Two hours after, she did bed exercises with Popo. Then, she cleaned the room and disinfected it. She then took a short rest or nap, and fed Popo at 12pm, 4pm and 6pm. Sofea also suctioned Popo's phlegm between her feeding times. From 7pm to 8pm, Sofea would have her dinner. Afterwards, until 10pm, she would clean Popo, change her diapers, and get her ready for bed. From 10pm to 12am, she would have time for herself to rest. However, she would have to wake up at midnight to suction Popo, and turn her every two hours as well. She did not have to perform any household chores as there was another MDW responsible for them.

Work conditions: When Popo was alive, Sofea only took two days off a month. She got about 10 hours of rest per day, inclusive of her rest time in the day. She had to wake up minimally two or three times at night to suction Popo when she coughed, and to turn her position every two hours. Sofea lost weight due to her lack of sleep. However, she was allowed to rest in the day to make up for her lost sleep.

Furthermore, Sofea's annual vacation days were limited whenever Popo's condition worsened. However, she was monetarily compensated for this.

Caregiving arrangement: The employer engaged another MDW to do all the housework, hence limiting Sofea's workload to caring for Popo only. Aside from occasionally sending Popo to the clinic to have an X-ray or ultrasound done, they did not engage any other caregiving services.

Experiences with training: Sofea has had 15 years of training eldercare in a hospital as she used to work as a private caregiver in the Philippines. She was trained to take care of patients in intensive care, taking blood pressure and temperature, avoiding falls, bringing patients to the toilet, conducting exercise, transferring patients and controlling infections. She also received training in Singapore under HOME, where she learned how to feed patients, make beds and clean, patient hygiene, diet and nutrition.

Support networks: While she is not very close to her friends, Sofea has her family back in the Philippines to support her. She talks to them every day online.

Rosalia*, 35, caring for an elderly woman with tremors and dementia

Demographic information: Rosalia is from Myanmar and has been working in Singapore as an MDW for 8 years. She has been working for her current employer for more than a year, caring for "Grandma". Grandma is an elderly woman who suffers from tremors and dementia. She requires help with almost all ADLs. Rosalia is paid \$650 a month and does not have any rest days in her contract.

Recruitment and matching: During the interview with her agency, Rosalia was informed that she would be taking care of an elderly person, and what her health conditions were. When she was interviewed by her employer, she was informed of her sleeping arrangements, the fact that they had CCTVs in the house and the number of vacation days she would get. However, she was not informed of her daily working hours, workload, resting hours or days off.

Work responsibilities: Rosalia works about 11.5 hours every day. She wakes up at 7.30am to prepare breakfast for Grandma. Then, she showers her and gives her medication. She arranges for Grandma to go to daycare at 9.30am, where she accompanies her during her time there. She helps Grandma with walking and accompanies her to the toilet while she is there. They return home at 5pm, where she gives Grandma medicine. Afterwards she and Grandma have dinner until 6pm. From 6pm to 8pm, she gives Grandma medicine and watches her in case she falls. While watching her, she does other housework like vacuuming, cleaning the toilet and the laundry. Her duties are finished by 8pm when Grandma goes to sleep. However, as Grandma wakes up multiple times in a night, Rosalia has to wake up to take care of her as well.

Work conditions: Rosalia does not have any set rest days. However, her employers have said that she can take days off when she wants to, and she can go out if she is done with her work for the day. She gets compensated for the rest days that she does not take. She is able to rest during the day to make up for constantly disrupted sleep.

Caregiving arrangement: Rosalia has to accompany Grandma to a daycare centre from 9.30am to 4.30pm as Grandma is prone to falling, and requires help with walking.

Experiences with training: Rosalia has attended training at ARIA, which she paid for herself. She was taught how to transfer patients to a wheelchair, perform tube-feeding, and manage injuries. At her employment agency, she underwent training for dealing with emergency cases. She found the training very helpful in preparing her to take care of Grandma.

Support networks: Rosalia has a good relationship with her employers who treat her like family. Occasionally, she talks to her friends in Singapore. She talks to her family in Myanmar every day.

Diana*, 42, caring for an elderly bedridden woman with dementia

Demographic information: Diana, is from the Philippines and has been working in Singapore as an MDW for 13 years. She has been working for her current employer for 10

years, caring for “Ma’am H”, an elderly woman who is bedridden and has dementia. Ma’am H requires help with all ADLs. Diana is paid \$800 a month and has one day off a month.

Recruitment and matching: During the interview with her employer, she was informed that Ma’am H had Alzheimer’s and of her behavioural patterns. She was also informed of her salary, days off, sleeping arrangements and the amount of privacy she would get.

Work and responsibilities: Diana works about 15 hours a day. She wakes up at 8am, bathes Ma’am H, then prepares her breakfast. After eating breakfast, she rests for 15 minutes, then brings Ma’am H down to the park for some exercise. When they return home, Diana reads Ma’am H some books, or watches YouTube videos. After lunch, Diana and Ma’am H rest in the bedroom. Then, Diana changes Ma’am H’s diapers, and helps with her exercising. Afterwards, they have tea time, then do some activities together such as singing and reading until 6pm. They rest for one hour until 7pm when Diana prepares dinner. After dinner, Diana and Ma’am H watch TV until 10pm, when Ma’am H goes to sleep.

Work conditions: Diana has a weekly rest day. She still has to perform housework and caregiving in the morning, but doesn’t have to go to the park. She prepares breakfast, bathes and changes Ma’am H’s diaper. She gets about nine hours of sleep a night. She has to wake up intermittently at 1am and 4am to check on Ma’am H as she has difficulties sleeping. However, she is allowed to rest in the day to make up for her lost sleep.

Caregiving arrangement: There is another MDW hired in the house to do housework.

Experiences with training: Diana attended a formal training course on caring for Alzheimer’s patients. From hospitals, she has learnt the basics of eldercare, basic hygiene, how to clean patients and how to use the catheter. She is now more confident of her skills in eldercare.

Support networks: She has a good relationship with her employer. She meets and talks with her friends every Sunday. Sometimes, they will come over to cook together. She also talks to her friends back home regularly online, and speaks to her mother on the phone twice a week.

Kala*, 48, caring for an elderly woman with dementia and for her elderly employer with low care needs

Demographic information: Kala is from India and has been working in Singapore as an MDW for 17 years. She has been working for her current employer for a little over two months, caring for “Amma” who suffers from dementia and requires help with all ADLs. She

also takes care of her elderly employer, who has diabetes. Kala is paid \$550 a month and has two days off a month.

Recruitment and matching: Kala was interviewed by her employer's friend due the language barrier between her and her employer. During the interview, she was able to negotiate her salary and rest days. However, she was not informed during the interview that in addition to caring for Amma, she had to look after her employer as well.

Work responsibilities: Kala wakes up at 6am to prepare breakfast for the household. At 7am, she feeds Amma breakfast, followed by her medicine. Then, she cleans the house and feeds her employer breakfast as well. At 10am, she bathes Amma. This is followed by preparing lunch, which she serves to Amma and employer at 12pm. After lunch, she continues doing housework, such as sweeping the rooms, wiping the windows, cleaning the garden and the laundry. In the afternoon, she takes a short rest with Amma. She wakes up at 3pm to prepare milk and biscuits for Amma and employer. In the late afternoon at 5.30pm, she takes Amma and sometimes her employer to the park for some fresh air for an hour. From 6.30pm onwards, she bathes Amma. This is followed by preparing dinner, which she serves to the family at 7pm. She only has her dinner at 9.30pm, after which she tidies up the house, cleans the kitchen and throws away the trash. At 10.30pm, she enters the bedroom and watches over Amma until she falls asleep.

Work conditions: Kala gets two days off a month. On her days off, she still has to finish her housework, bathe Amma, give Amma and employer food and medicine, and will only leave home at 12pm. She rushes home at 6.30pm to feed Amma. Sometimes, she does not take days off as she does not think her elderly employer can take care of Amma alone. However, she is not compensated for her missed days off, due to an understanding between her and her employer that it was her choice to not take them, and not because she was instructed to.

Kala has little sleep daily, to the point where she gets headaches. This is because she wakes up several times at night when Amma wakes up. Furthermore, her elderly employer also wakes up at night and wanders around the house, causing Kala to wake up and chase after her as she is prone to falling when unsupervised.

Caregiving arrangement: The household has not engaged any formal care services.

Experiences with training: Kala has never received any formal eldercare training. She has only received training with nurses in the hospital where Amma was hospitalised, but she faced a language barrier with the nurses.

Support networks: Despite her difficulties experienced during caregiving, she shares a good relationship with her employer. She has a support network of friends in Singapore, with whom she talks about her problems regularly. She also speaks to her family back in India every day.

Cho*, 31, caring for an elderly woman with dementia

Demographic information: Cho is from Myanmar and has been working in Singapore as an MDW for 5 years. She has been working for her current employer for a year, caring for “Grandma”, who suffers from dementia and requires help with all ADLs. Cho is paid \$700 a month and has one day off a month.

Recruitment and matching: When Cho was interviewed by her employer, she was informed that her main priority was to take care of Grandma, while being responsible for other tasks like home cleaning and cooking. She was also informed of her sleeping arrangements, salary and days off. She did not negotiate any terms during the interview.

Work and responsibilities: Cho works 15 hours a day. She wakes up at 6.40am to prepare breakfast for her employer’s son, who goes to school at 7am. She then eats breakfast and feeds Grandma, then does the laundry as she watches over Grandma. Then she cleans the house and mops the floor. She starts cooking lunch at around 10am or 11am, and eats while feeding Grandma at 12pm. From 1pm to 3pm, she folds and irons the laundry with Grandma beside her. Afterwards, she takes Grandma into the kitchen and starts cooking dinner while supervising her. At 6pm, she eats dinner and feeds Grandma. When her employers return at 7pm or 8pm, her work is finished, as they take over caring for Grandma. By 9pm or 10pm, Cho goes to bed.

Work conditions: Cho has one day off a month. On her day off, she has to bathe Grandma in the morning, feed her breakfast and wash the dishes when she returns at 7pm. She gets about seven hours of sleep every night, but has to wake up occasionally because of Grandma. Sometimes, Grandma wakes up at 5am, which interrupts Cho’s sleep. Cho has to gently coax her bed to bed and explain that it is not time to get up yet.

Cho sometimes struggles with Grandma due to their language barrier and the latter’s worsening dementia, which impedes Cho’s privacy. She is very dependent on Cho and will complain and yell whenever Cho leaves her side for a while, causing her to feel constrained. There is also a CCTV in the house which her employer uses to monitor Cho and Grandma.

Caregiving arrangement: The household does not engage any other formal care services.

Experiences with training: Cho has undergone several training courses. She has undergone nursing training at ARIA, a hospital and an old folks’ home in Myanmar. These courses covered CPR, first aid, taking blood pressure, diaper dressing, bathing, dealing with dementia patients, hygiene, infection control, tube-feeding, talking to patients, and handling strokes. She has also undergone home-care training, which covered exercise, therapy and

managing medicine for diabetes. These training sessions gave her confidence as they gave her hands-on experience in taking care of an elderly person. They also instilled her passion for taking care of the elderly and caused her to take pride in her work.

Support networks: She does not meet up regularly with friends in Singapore. However, she always keeps in contact with her family in Myanmar, and video calls her young son every day.

Aishwariya*, 28, who cared for an elderly woman with high care needs

Demographic information: Aishwariya is from Sri Lanka and has been working in Singapore as an MDW for 1 year. She has been working for her current employer for 8 months. Her CR was an elderly woman who requires help with all ADLs and IADLs, who has since passed away. She is also tasked to look after her employer's husband, who is able to perform all ADLs by himself but requires help with some IADLs and accompaniment to daycare. Aishwariya is paid \$540 a month and has two days off a month.

Recruitment and matching: While interviewing with her employer, Aishwariya was given a timetable which consisted of her daily schedule and responsibilities. Her employer also informed her of her CR's health conditions, that she has to change her diapers, wake up in the night to accompany her to the toilet, feed her and to do her tasks on time. Aishwariya was also informed of her salary and number of days off.

Work and responsibilities: Aishwariya wakes up at 4.30am in order to finish her work on time. She does housework such as sweeping and mopping the house, washing the toilets, cooking throughout the day. After her employer goes out at 6.30am, she takes a nap until 7.30am. She wakes up and continues doing housework until 1.30pm. She takes another nap until 3.30pm, after which she prepares food for her employer's husband. In the evening, she has to prepare dinner and serve her employer once she returns home, and the latter's husband when he returns at 8.30pm. She carries out all her housework while tending to her CR. She will usually sleep by 9.30pm or 10pm.

Work conditions: Aishwariya has two days off a month, although she does not usually take both days off unless she really needs the rest. She does some work in the morning during her days off.

She used to wake up four or five times during the night to bring her CR to the toilet and change her diapers. She could make up for lost sleep during the day.

Caregiving arrangement: Her employer did not engage any formal care services when her CR was alive. Aishwariya brings her employer's husband to daycare for half a day, two to

three times a month. She keeps him company and feeds him but he is otherwise able to engage with the activities independently. She feels like her caregiving load is lessened when she brings him to the centre.

Experiences with training: Aishwariya has not attended any formal training. She is interested in receiving training so that she can have a better understanding of how to take care of the elderly person and children. However, she does not have access to information or resources about training.

Support networks: Aishwariya has a good relationship with her employer. She does not have many friends in Singapore. She avoids speaking to her family back home as she claims that speaking to them would cause more problems for her.

Athena*, 30, who cared for an elderly woman with stroke and dementia

Demographic Information: Athena, 30 years old, is from the Philippines and has been working in Singapore for the same employer for nearly seven years. She was caring for “Ahma”, who recently passed away. Ahma suffered from stroke and had dementia, requiring help with almost all ADLs. Athena is paid \$700 a month and had monthly days off when Ahma was still alive.

Recruitment and matching: During her recruitment, Athena’s agency only informed her that her employer required someone to accompany his elderly mother, but did not inform her about her dementia. She was also told that Ahma could speak simple English, though in reality, she only spoke Hokkien. The language barrier and Ahma’s then-undiagnosed mental condition caused immense difficulties for Athena during her first few months taking care of her.

Work responsibilities: Athena would get up at 6am to prepare breakfast for her employer and Ahma. Thereafter, she would sweep and mop the house. After doing some chores, she would either shower Ahma or wipe her down a wet cloth, and dress her. She would continue her chores, then take a short nap with Ahma. At 10am, she would bring Ahma downstairs to go grocery shopping and have an early lunch. When they returned home, she would accompany and entertain Ahma, such as doing exercises, and taking selfies and videos with her. She would bring her downstairs again at 2pm and 3pm, to drink tea and chat with her other elderly friends. Athena would start preparing dinner at 5.30pm, and would eat with Ahma at 6pm. She would then wash the dishes and accompany Ahma to watch TV until her bedtime at 11.30pm. At night, Athena’s sleep was disrupted every two hours when Ahma would wake up and start shouting. Athena would have to bring her downstairs at her request,

in order to calm her down. After they return, Athena would try to go to sleep again, and the cycle would repeat until sunrise.

Work conditions: Before Ahma passed away, Athena only had one day off a month. Sometimes, she was required to send Ahma to daycare before she went out for her day off. She was also expected to continue caring for Ahma when she returned home.

Due to Ahma's dementia, she tended to have mood swings and was physically abusive towards Athena. Because of this, Athena was very stressed and emotionally affected, and would even cry in front of Ahma. After Ahma passed away, she felt less stressed and burdened. However, she misses Ahma due to the emotional bond she had formed with her over time, and sometimes cries when she thinks of her.

Caregiving arrangement: Ahma attended daycare on Mondays and Thursdays. Athena was not required to accompany her as she had to complete housework at home. However, Athena would have to pick her up earlier at 2pm instead of 5pm as Ahma would sometimes refuse to stay there for the whole duration and start shouting that she wanted to go home.

Experiences with training: When Ahma was still around, Athena had a very brief training on how to deal with dementia patients and how to distract them during their episodes. She has not attended any training since. Only after Ahma passed away did her employer send her for caregiver training to encourage her to apply for caregiving jobs elsewhere.

Support networks: She has a good support network back in the Philippines. She talks to them every day on the phone. When Ahma was alive, Athena could meet up with friends once every month.

Amirah*, 27, caring for a paralysed elderly man

Demographic information: Amirah is from Indonesia and has been working in Singapore for the same employer for 4 months. Her CR is an elderly man who is paralysed in both legs. He requires help with transferring and going to the toilet. Amirah is paid \$725 a month and has monthly days off.

Recruitment and matching: She was recruited into her current employer's household through a family member who recommended her. Amirah had agreed to work for a Chinese household as she could communicate in the language, and only found out that the family she was going to work for was Indian when she was sent to their house. Aside from her salary, she was not given any information about her CR, work duties, sleeping arrangements, meal arrangements or vacation days. She was only told that she was expected to clean, mop and

sweep the house, and to do this quickly. She was also not informed about how big her employer's house would be; it turned out to be a four-storey house. This resulted in her doing much more housework than she had been prepared for.

Work responsibilities: Amirah wakes up at 6.30am everyday. She cleans and mops the first floor first, before waking her CR up at 7am. She changes his diapers, wipes his body, then gives him breakfast. After breakfast, she transfers him to the wheelchair and brings him outside. On Mondays, Wednesdays and Fridays, she takes him to church from 9am to 12pm. They have lunch outside, and continue walking about until 5pm, when they return home. Upon returning, Amirah continues cleaning and mopping the floors, and helps her CR's wife with cooking. At 9.30pm, she bathes her CR. She usually goes to sleep around 1am.

On Tuesdays and Thursdays, she usually spends the whole day doing housework. She cleans, sweeps and mops the floors, does the laundry and irons the clothes, on top of performing the usual care duties for her CR. She also has to bring the dog out for walks and do petcare. On Thursdays, she brings her CR for his physiotherapy sessions from 8am to 11am.

Work conditions: Amirah only has one day off a month. On her days off, she is still expected to wake her CR up, bathe him, feed him breakfast, and mop the floor first before she is allowed to leave. She leaves at 8.30am, but has to return home by 6pm. Although it was initially agreed upon for Amirah's bedtime to be at 9pm, she usually ends up sleeping later as she has to take care of her CR before he sleeps. As a result, Amirah only has about 6.5 hours of sleep a day, causing her to feel frequent dizziness. Furthermore, her workload is heavy, causing her to feel mental stress and physical fatigue.

Although her CR is kind to her, she stated that she feels traumatised because of his wife's harsh treatment of her. The latter has been verbally abusive towards her in many instances, calling her names and scolding her when she makes minor mistakes. Amirah feels very hurt and unwilling to work for her current employer as a result of this abuse.

Caregiving arrangement: Her CR has to go for physiotherapy every Thursday at a daycare centre. Amirah accompanies him to the centre.

Experiences with training: Prior to her previous employment in Taiwan, she underwent training for four months on how to be a domestic helper. This training taught her basic Mandarin, how to do laundry, iron, change the elderly person's diapers, carry the elderly person, transfer them from the wheelchair to the bed, and basic etiquette towards employers. During her CR's physiotherapy, she also received brief training on assisting with physiotherapy by the doctors and nurses at the daycare centre.

Support networks: Amirah can only use her phone during non-working hours. She calls her friends and family members in Indonesia to confide in them about her problems. She is not close to her friends in Singapore.

Wani*, 40, caring for an elderly women with an amputation and high blood pressure

Demographic information: Wani is from Indonesia and has been working in Singapore as an MDW for two years. She has been working for her current employer for two months, caring for “Ah ma”. Ah ma is an elderly woman who had her leg amputated and has high blood pressure. She requires assistance with bathing and most IADLs except money and public transportation. Wani is paid \$650 a month and has no days off.

Recruitment and matching: Wani had an interview with her employer, Ah ma’s son, prior to her recruitment. She was informed that she had to take care of Ah ma at her house by herself. This included giving her medications, helping her shower, doing housework, and assisting her whenever she requires help. She was also informed of her meal and sleeping arrangements, and salary. However, she was not informed of her vacation days. She did not negotiate any of these terms during the interview.

Work and responsibilities: Wani wakes up at 5.30am every morning. She first helps Ah ma to the toilet, dresses her, then gives her medicine and buys breakfast for her. After that, she sits her down at the TV room for her to relax. She begins doing the housework such as wiping the house. At 8am, she brings Ah ma down to the market to buy vegetables and take a stroll. When they return home, she showers Ah ma again, dresses her then sits her down in front of the TV. Wani does the laundry and wash the toilet until lunchtime. Ah ma has another shower after lunch. At 5.30pm, Ah ma has dinner and Wani gives her medicine after her meal. She takes another shower after, then rests and watches TV again until 10pm, which is her bedtime. During the weekends, her routine is the same except her employer follows them down to eat breakfast together.

Work conditions: Wani does not take any days off. Her employer only allows her to go out for a couple of hours on her day off. She wakes up more than two times at night, as Ah ma needs her help to go to the toilet in the middle of the night. She is unable to make up for her lost sleep in the day, as she has to juggle care work as well as housework. Ah ma is also verbally abusive to her, constantly scolding her. As a result, she has suffered a lot of mental stress and feels “dumbfounded” due to the constant scoldings.

Caregiving arrangement: Ah ma does not use any formal care services.

Experiences with training: Wani received eldercare training from her agency in Indonesia for three months, and a two-day training in Singapore. In Indonesia, she was taught how to change diapers, clothe the elderly person, move them around safely, use the wheelchair and perform tube-feeding. When she took care of her previous CR, she was trained by a nurse on how to move and carry the elderly person, exercise tips, and how to feed them.

Support networks: Wani lacks a support network. She is unable to meet her friends as she does not take her days off. She is restricted from using her phone during the day by her employer, and wishes she could talk to her family back home more.