

Singaporeans Left Behind: A Culture-Centered Study of the Poverty Experience in Singapore

Mohan J. Dutta, Naomi Tan, Asha Rathina-Pandi



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DEPARTMENT OF COMMUNICATIONS AND NEW MEDIA

11 Computing Drive, AS6 Level 3
National University of Singapore
Singapore 117416
T (65)6516-4971 W http://www.fas.nus.edu.sq/cnm

Mohan J. Dutta, Head cnmhead@nus.edu.sq

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ABOUT CARE

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CARE is driven by the core principle that communities know best the solutions that are relevant to the problems that they identify as critical. CARE works closely with community organizations, policymakers, program planners and evaluators in developing culturally-centered solutions that are envisioned by community members in the grassroots in response to

the problems conceptualized by them.

CARE seeks to: (a) create a strategic research core for the social scientific study of communication issues in Asia driven by the cultural worldviews of local communities, (b) develop communication interventions and policies that are culturally-centered via the participatory capacity of local communities to create culturally meaningful and locally responsive health solutions, (c) disseminate the core principles and lessons learned from the culture-centered projects within Asia and across other sectors of the globe, and (d) build communication research capacity in Asia by creating a training hub for the next generation of communication theorists, researchers, practitioners, and policymakers across Asia.

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The issue of poverty in Singapore has been receiving more attention in recent vears, both in academic circles and in the public space (Lien Centre for Social Innovation, 2015; Loh, 2008; Ng, 2015; Teo, 2013). Some conservative estimates have found that 12-14% of Singapore households are considered low-income, using a monthly household income of S\$1,500 and below as an indicator of poverty (Donaldson et al., 2013; Loh, 2008). The figure of S\$1,500 is the cut-off income level in the eligibility criteria for many of the government schemes that target the low-income (Lien Center for Social Innovation, 2015; Housing Development Board, 2016).

Certain schemes, such as those for shortto-medium term financial assistance. stipulates a monthly household income of S\$1,900 and below, while the stated household income to qualify for Urgent Financial Assistance is S\$1,700 (Ministry for Social and Family Development, 2016a, 2016b). However, Li and Hussein (2010) have estimated that a household income of S\$2,500-\$3,000 is needed for "social inclusion". Groups that are especially vulnerable to poverty are the elderly, low-wage workers, odd job workers or contractual labour, and those who are chronically ill and unable to work.

Mohan J. Dutta is the Director of CARE and Head of the Department of Communications and New Media at the National University of Singapore.

Naomi Tan is a CARE Research Assistant.

Asha Rathina-Pandi is a Postdoctoral Fellow at CARF.

The Singapore government has introduced new initiatives and expanded old ones as a way to reduce the burden of inequality (Ng, 2015; Yap; 2010). These new measures target the various population groups, for instance, the elderly (Pioneer Generation Package, Interim Disability Assistance Scheme for the Elderly (IDAPE), ElderShield), children (MOE Financial Assistance Scheme (FAS), School Pocket Money Fund, childcare subsidies), the chronically ill (MediFund, CHAS, Public Assistance), or the working poor (ComCare fund, CPF Housing Grants, GST vouchers, Workfare Income Supplement), to name a few (Lien Center for Social Innovation, 2015; Ministry of Social and Family Development, 2016c; Ng, 2015). These subsidies and benefits are disseminated through an extensive network of government Ministries and agencies, Voluntary Welfare Organizations (VWOs), and private charities that make up Singapore's social service sector.

Drawing upon the findings of 180 in-depth interviews conducted from 2013 to 2016, this study explores what being low-income means in the context of Singapore and the kinds of challenges and barriers this community encounters in their everyday lived experiences and negotiations of poverty. Using the culture-centered approach (CCA) as a theoretical framework, we argue that the absence of the voices

of communities at the margins from policy-making platforms and sites of knowledge production is tied to their continued impoverishment (Dutta, 2008, 2012). By listening to these voices, we seek to understand the poverty experience in Singapore as articulated by the poor themselves. These narratives serve as entry points to engage with key stakeholders to create a safe and collaborative space where the lowincome can participate in problemsolving and decision-making to improve their lives.

METHOD

In the first phase of the study, we sought to gain an exploratory understanding of the key challenges faced by the low-income in Singapore, especially in relation to health and food insecurity. Our inclusion criteria for the in-depth interviews was any household with a monthly household income of \$\$1,500 or less (for four people), or \$\$375 per capita. The participant must also be a Singapore Citizen or Permanent Resident aged 21 years and above. Given the invisibility of this population in Singapore, we used convenience sampling to recruit participants. We began by approaching people living in public rental flats under the Public Rental Scheme of the Housing Development Board (HDB), knocking on doors and asking several screening

questions. The bulk of the interviews were conducted in four neighbourhoods of Singapore, namely Sims Drive, North Bridge Road, Toa Payoh, and Henderson Road. In the process, we also tapped on networks that we had formed with community members or charitable organizations serving the area, such as Willing Hearts and Food from the Heart. Each interview typically lasted 60 to 90 minutes.

Besides conducting in-depth interviews, we also carried out participant observation during our monthly food distribution drives to three field sites. The monthly food distribution was driven by our recognition that beyond policy interventions and structural change, many of our participants required immediate assistance to meet their daily challenges. Since June 2014, we have conducted over 10 monthly food drives, distributing food rations supplied by our NGO partners, Food Bank and Food from the Heart, to Sims Drive, North Bridge Road, and Jurong. Approximately 50 food ration packets are distributed each month to beneficiaries that had been interviewed by us previously. These participant observations in the field are written up as detailed journal notes by the researchers on the project.

We analyzed the transcribed interview data using grounded theory, going through the processes of open coding, axial coding, and finally, selective coding to construct the major themes. These themes were corroborated with our findings from the researchers' participant observation journal notes. The key themes are as follows.

KEY THEMES

The key themes emerging from the in-depth interviews are; 1) access to housing; 2) healthcare access and affordability; 3) application for financial assistance and services; 4) food insecurity; and 5) stigma and alienation.

1. Access to Housing

Although there is a high level of home ownership in Singapore (90.8%), there is a small percentage of Singapore Citizens or Permanent Residents who are considered low-income and cannot afford to purchase a HDB flat (Department of Statistics Singapore, 2016a). To meet the housing needs of this population, HDB provides public rental housing at highly subsidized rates under the Public Rental Scheme. Lowincome individuals or families must submit an application to the HDB and meet the eligibility criteria in order to be allocated rental housing. As of 2015, there are 50,000 HDB rental units (Yeo. 2015).

Singaporean families that have an urgent need for housing, such as those transitioning to a smaller HDB flat after downgrading, or those who are waiting out a 30-month debarment period to apply for a public rental flat, have the option of staying in Interim Rental Housing (IRH) temporarily. Most of these families plan on eventually purchasing their own homes, however, the process of applying for permanent housing is not always a smooth one. For example, Raj, who is the sole breadwinner of a five-member household, expressed frustration at the obstacles he faced in trying to purchase a home for his family:

"I was not working, at the same time [my wife] also medical problem. So, no CPF, not sufficient, no CPF to pay the balance of \$100,000 over [for the house]. *So the interest... The interest so much!* So after some time they tell you: "so you cannot [afford] this one, so better for you to sell your flat and downgrade." So you downgrade, but you don't get any benefit! They tell us to get a 3-room flat, they ask to what you call it, a HDB loan. *Immediately, after the flat was sold, the* price went up by over \$100,000. From \$190,000 to \$290,000. How can you afford? ... Because important basically is house isn't it? How long can we stay in an interim flat? So, because the solution they give us is a studio apartment. Studio apartment, you know, how many person

can you stay? Got wife, and what about children? They never thought about that you see and they pressured [me] to take a studio apartment."

Although he was given the opportunity to purchase a HDB flat, it was a studio apartment that he felt was an unrealistic living arrangement for his elderly mother-in-law, wife, and daughter and son, who are both school-going youths in their 20s.

In another case, Priya and her family were evicted from her rented apartment (open market rental) as they were unable to afford the monthly rent. In the months before that, she and her husband had attempted to apply for public rental housing as she was already struggling to pay rent. However, her experience with this process was drawn out and inconclusive, and the family found themselves homeless for three days when transitioning from a house rented from the open market to an interim rental housing flat:

"...6th February came, my agent said either you get out or I lock you out.
Because three times before that, before February 6th, they already came down to the house saying that, I'm giving you a final notice for you to leave. ... So every time when he comes, the police officers will come. He will stand there and makes sure he calls the police officer. More stress.

Because the children are all witnessing the thing, you know. My daughter gets very frightened when she witness all this. So, after the third time, I told my husband. I said look, we cannot carry on staying in this flat. We're going to get more problems by staying here. So even then, till my last minute in that house. I battled it out with HDB, nothing came. So on the 6th of February, on that Friday, I stepped out of the house. All my things, I have the photos with me, all my things were along the corridor. We were sleeping at the lift landing, from the stairs. And Friday we waited, Saturday we waited. Sunday, we waited. ..."

It should be noted that low-income Singaporeans living in Interim Rental Housing experience unique housing issues compared to the rest of the population, as they are in a particular stage of life where they are attempting to overcome multiple issues contributing to their situation of poverty. There are also low-income Singaporeans who seek public rental housing under the Public Rental Scheme, which is a more permanent form of shelter accessible to those with a monthly household income of S\$1,500 or less. Applicants can apply either under the Family Scheme or the Joint Singles Scheme.

For singles, this presents a barrier to accessing housing as they are required to find another single low-income

person to submit the application with. Chandra, a homeless middleaged man who is in between jobs, shares how he plans on applying for a public rental flat once he has found a suitable roommate:

"You come down to HDB, HDB will say; 'you go find one partner', so I cannot go down HDB also. Not easy to find partner also, just now you saw one Indian guy, [where we did] the recording, he also homeless. ... I asked him to share. He agreed but he just divorced, he don't have the divorced letter. He want to go and take the divorced letter, now [need to pay] \$30 or \$50. ... If can get all these thing, I joint venture with him for the rental flat. So, I know to find proper people [is] not easy. Just now, I mentioned to you already, you must know the person. If you don't know the person, later you going to face a lot of problem. Once you put your leg inside, you cannot come out."

Similarly, Khai is a middle-aged homeless man who suffers from heart disease and is in the process of recovering from a mild stroke. He shares how applying for public rental housing as a single person can lead to more stress because of the potential pitfalls of sharing a home with a stranger:

"Er, I stay at the lift landing at my friend's house. So I sleep outside, I'm homeless. I live there because, it's not that they don't want to let me live in the house, but there are many women living in the house, so I sleep outside. That one is okay, not a problem. In this situation, I wanted to apply for a rental flat. But I was scared that it will create more things to do, meaning I need to have two names to apply, must get used to the other person, and a lot of other things. So I felt that, I can still get by the way I do now."

Like other Singaporeans, the low-income aspire towards home ownership as well, but often find that the overall cost and down payment required is simply beyond their means. Ang shares:

"I would like to buy a BTO flat: new flats, cannot afford to. Hope government will help to lessen the initial downpayment so we can afford to buy a house. It is so expensive... We only have very little savings. Cash money is needed in addition to CPF savings..."

Similarly, Zhu echoes the same sentiment about the unaffordability of housing in Singapore, emphasizing how important owning a home is:

"...only the rich people can buy housing. Foreigners invest [in houses] in Singapore, but Singaporeans ourselves do not have a place to live in. We have to rent houses from them [government] instead. I want to have a place that belongs to my own. A doghouse or bird nest [also can]. It is better to have a place to live right?"

Because of housing policies that are catered to the traditional nuclear family unit, certain population groups, for instance unmarried individuals or single parent families, may also find themselves confronting housing issues. These issues can be destabilizing especially for those that are low-income, as explained by Ang:

"The government said that people who are single and cannot get a house have to buy private property. But private property is very expensive...the government can provide smaller accommodation for single people. For those of us who are working and can afford it, the government can let us apply for an HDB room. They should not make us wait until the age of 35 or make us buy private housing outside... For those single mother with children, if they buy second hand HDB room, it is also highly priced. And she needs to raise children. Raising one child is still fine. What if she needs to raise two or three children? Then where do they live... The government needs to arrange for accommodation for them. Those who got divorced should also be taken care of. Now they have said that divorcees can apply for housing. But do they have enough money? If they do not have enough funding, how

do they apply for a room?"

Recommendations flourish from participants on how housing can be made more accessible to the low-income by increasing subsidies, and highlighting how home ownership can contribute to one's well-being. For example, Rahim shares:

"...why can't people with less money like us get a house? They need to provide allowance to encourage Singaporeans to buy Singapore houses and have a place to live... [The government] specifies that Singaporeans need to reach a certain age and have certain amount of CPF before they can buy houses. But if we do not have enough CPF, the government needs to subsidize us. Then we will have a place to live and be healthy. When we are healthy, we can work and have more CPF saving."

Although home ownership is high among Singaporeans, even among the low-income, these accounts documenting the challenges and barriers in accessing various types of housing were key themes emerging from our in-depth interviews. The fact that housing issues were highlighted so strongly during the interviews is indicative of how disabling the lack of shelter is especially in times of financial or health crisis.

2. Healthcare Access and Affordability

The Singapore healthcare system is known for its quality and relative affordability for Singapore Citizens and Permanent Residents, particularly through heavily subsidized government hospitals and the Polyclinic system (Haseltine, 2013). The Central Provident Fund (CPF), a compulsory savings scheme, allocates a portion of a CPF member's savings to the MediSave account, which can be used to cover medical expenses. To provide a safety net for the low-income who face health problems, the government has also set up Medifund, which is an endowment fund that provides assistance to needy Singaporeans who are unable to pay for their healthcare expenses (Haseltine, 2013). Despite these efforts, however, there are individuals who are still unable to afford healthcare costs due to insufficient savings or a low income. Ang shares:

"The medical fees in Singapore...if you are sick and you seek treatment, it's very expensive. To be honest speaking, everything is expensive...really expensive. Old people like us, sometimes I can ignore them. I don't want to pay and I just go home. Because sometimes I have not enough money...they want \$100, but I only have \$60. I have not enough money, so I just ignore them..."

Yeo shares the same predicament:

"I pay by myself [for medicines]. Medicines for 4 months cost around \$80 to \$100 dollars. If there are many medicines, it will cost a bit more. Last time I need this and that, but now I just ignore all of that. I just take what I must take."

In order to manage their expenses, some participants resort to cutting down on medication or avoiding visiting the doctor when ill, even when there are health subsidies. This leads to further deterioration in health, especially among the growing elderly population. Ian, who is the only working adult in a family with multiple dependents, explains how he only buys what he can afford in that month:

"...[My mother-in-law] is not eligible for medical coverage, subsides are not enough and bills go over \$100 each month. To lower the costs, I take only half the amount of pills needed (e.g. 1 month instead of 2 months), so I can wait for the next pay check. Everything is more and more expensive, subsidies increase, medical fees also increase..."

Farah, a middle-aged lady working odd jobs, also shares how she refrains from seeking medical treatment when she falls sick, as she feels that the money can be used on other important daily expenses: "I tell you sometimes, I try to refrain myself from seeing a doctor. Okay, like I got digestion problem, my cousin said: 'Go lah, go polyclinic.' I still refrain, for me I very sayang [waste money]... For me the money [very hard] also to let go lah... We still can go, that money, but sometimes the next day you need something urgent, that's why I try to postpone. I eat lah maybe papaya or what. I really got digestion problem, I very difficult to go toilet. Actually, not healthy, yah, too heaty already. Now I got ulcer, the gum ulcer."

In another interview, Guru explains how he makes a difficult decision between health treatment and spending on food due to his limited financial resources:

"Ah, once a month, after its [medicine] finished, I normally get enough for a month. I don't want to get too much. If I do, it will cost too much and I won't have to eat anymore. So I don't. That medicine is very expensive leh, about \$15 or \$16 a month. It's not cheap."

Overall, there appears to be an impression that contracting a chronic or major illness would mean one's savings would be completely depleted, even for an individual who is rich. This is in line with a popular saying in Singapore, "that one can afford to die but cannot afford to fall sick". In such a scenario, the low-income are placed in a situation of helplessness, as they do not have

the resources to engage in preventative health measures, but yet have to constantly worry about succumbing to an illness and not having enough for treatment. Loga shares:

"But it is best not to have any illnesses. Small illnesses are ok, can afford it. For severe illnesses, to say a phrase that is unpleasant [to put it bluntly], no matter how rich you are, it will all be gone. Without subsidies, it would be a gone case. Those with families, how would they have enough money to afford that? They have children, and then they have to visit doctors. \$3000 is only for dialysis alone. The rest has not been calculated yet, what you eat..."

Similarly, Robin shares his worry about what will happen when his CPF Retirement Fund kicks in and he is no longer eligible to receive Public Assistance and free medical treatment:

"That's why I'm lucky I have Public Assistance, so I don't have to pay a single cent. But my Retirement Fund, I still have about \$80,000. When I turn 63 this September, the government will not help me. I getting more headache. I have to use my Retirement Fund. And when I use my Retirement Fund, the public assistance I don't know whether I can use for my medical. That's why I have even more tension. Because of all the rules. Cos last time, I'm not yet 63 and could not take, so

they help me."

Even with subsidized or free healthcare, the associated costs of seeking medical treatment can be a huge burden and is a barrier to health. For example, Shashi, who is a recipient of the Public Assistance Scheme and has free health benefits, shares how he prioritizes his medical appointments and skips certain ones if he is unable to afford the cost of transport:

"If I have a medical appointment, which *I do have to go every week. Sometimes* it's like one week twice, erm... given my leg condition I am unable to walk or take public transport. I don't know when I am going to fall, and I am given advice against taking public transport. So I took a cab. To and fro, it becomes a \$20 issue. Off-peak period it's about \$8. And peak period it's about \$14. So that money is saved for my transport. Which is not enough also. There are times when I skipped my appointment. I prioritize them such that those that are important, I will go for them. Those that are not so important and I still have my medication, then I will not go for my appointment."

Ian recalls how in the case of his elderly mother, the high cost of ambulance services was such a huge barrier that she chose to take public transport to save money even though she had suffered a stroke:

"I guess one of the [challenges], I think they do charge for ambulance fee then for some people it's like in case something happen to the older people, they might have trouble travelling from home to hospital then if they are not from well-off situation, they will have the tendency not to call the ambulance because of the charges. I remember my mum taking a bus down to the polyclinic to checkup herself because she was feeling unwell. She didn't call ambulance but at that point of time, she suffered from mild stroke. I think it is quite dangerous to travel alone using public transport. Anything could have happen during midway, during the way there, on the way there so one thing you can implement is the transport facility to the nearest hospital or polyclinic..."

For those receiving free or subsidized medical treatment, we observed that the quality of the medication given offsets the usefulness of the subsidy in certain cases. Atiqah resorts to bringing her elderly mother to a private clinic and paying unsubsidized rates for more expensive medication in order for her to be cured faster:

"Important medicine lah, [when it comes to] sickness, is important the medicine for her. One month she spend \$100 on medical. ... She go polyclinic the sickness cannot cure, she go here [private clinic] the sickness cure. The medicine better. Polyclinic give the people ah, the

medicine, it's the cheapest medicine you get. And down there, because you pay, they better grade lah, polyclinic and outside clinic a lot of difference. Like too expensive they won't give you subsidies one, the polyclinic. ... And the outside [clinic] you pay 30 to 40% more but you get better medicine. Polyclinic the medicine is different. She say polyclinic mostly they see high blood [pressure], they give Panadol, it's nothing to cure. Panadol, not headache, high blood is different. Usually the headache, she don't take medicine, she scared, until very heavy then she take, she scared the thing can become addict."

Raj narrates a similar experience with lower grade medication for his wife, who is suffering from a skin condition where the skin on her hands had turned black and painful:

"Coming to medication, you want good medicine, you have to cough out money. So what happened was she was going there 3 months, almost 4 months. It's not all completely cured, before she had this all black black [skin] here. So recovered, but not fully recovered there lah. So somebody recommended her lah. The clinic, the doctor [give] the medicine, [costs] \$100. But very effective you see. All cleared. What happen is, they should look into it. We are Singapore citizens. If you give a medicine which doesn't work, [take] 1 year to work. ... When you know this

medicine [takes] 3 months can work, why can't you subsidize that?"

Despite the quality and comprehensiveness of the healthcare system in Singapore, and the generous subsidies that are provided to vulnerable groups such as the elderly, health treatment remains out of reach for some of the low-income participants we interviewed. For some of these individuals, financial resources are so limited and so constrained that health becomes their last priority. As a result, some of our participants chose to forego medical treatment in order to allocate the amount that would have been spent on other daily expenses such as transport or food.

3. Application for Financial Assistance and Services

In terms of financial assistance, the Ministry of Social and Family Development (MSF) provides long-term and short-term assistance schemes under the ComCare Fund. For families or individual who are experiencing a crisis, there is also urgent financial assistance available to tide them over while they get back on their feet. However, our participants shared accounts of stringent eligibility requirements and tedious applications that were a barrier to applying for assistance.

Among our elderly participants, it was a common theme to be turned away from financial assistance on the grounds that they should seek help from their children. Although it is the government's policy for the family to be the first line of support, those approaching the state for help usually do not have family members they can turn to for support. In some cases, their children themselves are struggling to get by. In other cases, their children have abandoned them or are unwilling to provide financial support. The following quotes describe what they encounter when they seek assistance:

Hwa: "I have 5 children. Sometimes they come, I can't remember. They're all grown up and married. They give me money every month. ... Just a little bit. Some give me \$50, some \$100. 4 children give me money, the other one has difficulties as well. He also gets CDC help and has sickness. He doesn't have enough for himself, so he doesn't give me. The rest are working so they give me a little bit. ...: *If* [the government] are willing to help, I will take it. But if they can't, I wouldn't go and ask them. I did tell them that I have children, and they are not able to give me financial assistance. I'll just find my own wav."

Lian: "I went to Toa Payoh to try to apply, but they asked me to take from my son.
They didn't want to help, they only helped my husband. I don't know why there is a

difference."

Liong also shares her account of how her husband's application to an old-folks home was rejected as they were asked to seek support from their children:

"We wanted to apply for old folks home, but our application was rejected. They said that it's because we had children. Usually for old folks home, the people staying there have no sons or daughters. They said, why don't you all hire a maid?"

For many of the low-income, who may have low literacy and do not have access to sources of information such as the internet, it can be difficult to find the information on resources they need, and to comprehend what is required of them. For example, Teoh laments:

"...Application firstly, don't know how and where to apply. Secondly, need to wait for them to approve. Don't know if they will approve, and also scared that it is troublesome."

Pang also shares how she does not have the confidence to ask for information that she knows is available because of her illiteracy:

"I think actually there should be subsidies or aids that are available for us, just that I don't dare to anyhow ask and also because I am illiterate. I also don't know how to ask."

A common way of obtaining information among the low-income is through their networks of social support, as shared by Parmis: "I found out [about the CHAS card] only when people told me about it because I never study and am illiterate."

Besides the barriers to applying for assistance, participants also described the process as tedious and burdensome in terms of the time and effort required. Aidah shares how "for some people sometimes it's difficult to apply because they have to fill up a lot of forms". Shashi concurs and describes how the application process may not be easy for some:

"But when you approach [them], they got this 'loooong' sets of questions for you to answer. And along the way, some people give up. The questions are not easy you know. You need to have an MC to be eligible for [help]. So what if this person doesn't have an MC but still unable to work?"

Siti also shares that help is needed to apply for financial assistance, especially for the elderly: "But you know, there has to be someone who can do it for them. Because when they're old already, then they need people to assist them you know, in all these things."

Although there is a wealth of resources available to the low-income in

Singapore, the most significant hurdle is firstly, getting the information on what they are eligible for, and secondly, submitting an application according to the requirements set out by the agency. This points towards a communicative barrier that needs to be bridged in order for these resources to reach people on the ground.

4. Food Insecurity

Food insecurity is defined as the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (Anderson, 1990, p. 1560). Food insecurity is characterized as a form of health disparity because of the related consequences on individual health, especially among children or individuals who have a chronic illness (Cook et al., 2004; Dutta, 2012; Gundersen & Kreider, 2009; Nord & Parker, 2010; Rammadurai, Sharf, & Sharkey, 2012).

In Singapore, the neighbourhood ecosystem of relatively cheap hawker food, supermarkets, wet markets, and food service providers for the needy has managed to safeguard the low-income from suffering from hunger or starvation, which is very rare. However, findings from our research showed that most low-income individuals interviewed had experienced some form

of food insecurity in varying degrees of severity. Food insecurity can also be chronic, meaning that it occurs regularly and consistently, or intermittent, meaning that it is not the norm but may occur in periods of hardship. In the Singapore context, food insecurity can surface in the following ways: (1) when a family/individual consumes cheap but innutritious foods such as instant noodles or canned food in order to stretch their dollar; (2) when a family/ individual cuts down on the number of hot meals a day in order to save money; (3) when a family/individual experiences anxiety worrying about whether they will have enough food; or (4) when an individual with a chronic illness has to make a difficult choice between spending their limited resources on 'healthier' food versus paying for everyday expenses. These experiences of food insecurity will be elaborated on through the voices of our participants from the ethnographic interviews.

It is noteworthy that while many of the participants did not initially identify themselves as being food insecure, their articulations of their everyday diet and consumption habits revealed more about how they coped with their limited financial resources by eating instant noodles and canned food, which are cheap but have low nutritional value and fiber content. Nadia is a homemaker and a mother to three school-going children,

two at the Secondary level, and one at the Primary level. Her husband, Adam, works as a limousine car driver and is considering taking on a second job in order to supplement the family income. They respond to the interviewer's question about the kinds of food they eat when they are trying to tide over to the next month's paycheck:

"Mostly it's instant noodles, that's the cheapest. ... Instant noodles, or if there's extra rice, then just eat fried rice, with eggs. That's where sardines can be used. There's one [canned] cuttlefish, I'm not sure, I don't think [the charity] will want to give because it's quite expensive, one can is \$4.60, close to \$5.00. So towards the end [of the month], we save up on these sardines and cuttlefish. Towards the end we try not to cook anything [fresh], because wet market is expensive. So we just stock up on canned sardines and cuttlefish and we just cook that."

Similarly, when asked how many meals she eats in a day, Devi shares:

"Ahh... Three times also. Morning, breakfast, only biscuits, coffee, like that. Lunch, rice. Dinner, also sometimes rice. Sometimes...dinner we eat bread, sometimes Maggi. Maggi also they say no good for the...you know, but also we have to eat what."

Besides eating cheaper alternatives, food insecure individuals sometimes cope by reducing the size of their meal or by eating one hot meal a day. Andy is an elderly man living in a public rental flat under the Joint Singles Scheme. After he underwent a heart bypass surgery, he was unable to work and became a beneficiary of the state's Public Assistance Scheme which included financial assistance and free healthcare. He shares how he sustains himself on one hot meal a day:

"My friend asked me how I could afford to survive. I told him that I don't smoke or drink, so I can survive. I eat one meal a day, and I have biscuits. ... I don't eat lunch, I eat biscuits. ... It's enough. Well I must endure it. I have endured this before. Many years ago, I have been very poor before so I can endure it. ... I have a friend selling economic rice. They are very nice to me, also because I'm a good person. Sometimes if I have no money, they will just give me \$5 to buy a meal. So they help me. I also help other people. I blame myself for the things I did when I was younger. It's like this. Now that I'm older, I can't work. I get breathless. The doctor told me it's best not to work and gave me a letter. If I want to apply for CDC help, I can bring the letter to them. As long as I have enough to eat that's good enough, I should not anyhow eat. I listen to the doctor's advice."

Hafiz, who also has a heart condition, shares:

"I tell you, to be frank, just to be frank, sometimes [I go] 3, 4 days without any rice. [I eat] biscuit, bread. Sometimes if I not shy enough, I go to Block 10 [hawker center] and owe them lah, one food, one rice. Then I come, \$3.50, then when I got the money I pay, I cannot lie. I cannot ask all the vendors, this is what I facing lah. My brother, my sister, all don't bother about me. Whether you survive or not survive..."

In an extreme example, Fang, a homeless middle-aged man, becomes completely alienated from any form of social support, including family and friends. Although such cases are very rare in Singapore, the lack of social support coupled with low literacy and inability to source for information, resulted in Fang going hungry for approximately one month before someone came forward to help him:

"This temple [that catered free vegetarian meals] was recommended by a friend. When I first came out, I didn't know about them. It was quite a hard life, I drink the water from the water cooler at the library every day, because I have no money and no work. When I wake up, I'll go to the library, and I have a water bottle. Every day I just drink water, until one day I met a good person from

the temple. Because we sleep outside, so sometimes we meet other people who are homeless also. Then he saw that I go to the library every day, why? Because at that time, I looked very pale because I wasn't eating. He asked me, 'are you sick?' I said I'm not. He asked if I work, I told him I lost my job. He saw my pale face and asked where I eat, so I told him that I don't have money to eat. And he asked, 'don't you need to eat?' I said, yes I drink water at the library. I drank for quite long, for about a month. ... Because all along, being unemployed, when I have some money, I just eat 1 meal in 2 days, like that. Because even though I'm unemployed, we will still have a bit of savings. Save a bit of money, but don't dare to spend it carelessly. Sometimes after 2 days, I'm so hungry till the point where I cannot take it, then I will buy a meal to

Chandra, who is homeless, not only faces an information gap about the food resources available to the needy in Singapore, but also appears to feel negatively about asking for help:

"Chandra: Now, I don't have tooth what, so I don't eat so much... I just and pick up some bread or something soft, whatever, get a bottle of water. I cannot bite, so this sort of soft soft item. If I have money, I buy, if no money, keep quiet lah. I can't go and beg with somebody, I not this kind of character. Sometimes hard life ah...you

must be patience yourself.

Interviewer: So, there are times you go hungry?

Chandra: Of course, definitely.

Interviewer: Have you tried approaching someone for help, like for food...

Chandra: I don't like...

Interviewer: I don't mean people, or people on the street, but charities?

Chandra: I don't know about charities all. I was in control of these things all [back then], so I don't know."

Among some of the interviewees that suffered from chronic illnesses such as cardiovascular disease, we also observed how food insecurity and health intersect in a way that made the inability to secure safe and nutritious food more debilitating to their health. For example, Aslan, an elderly man who had undergone a heart bypass surgery, shared with us that it was difficult to secure a job:

"Sometimes I work for a little bit, sweep the floor or something, I get affected. When they see me at work like this, they say they don't want to accept me. They are afraid that I might fall or something." Aslan lived with his wife, Hana, who sometimes works odd jobs cleaning houses, cooking, or sewing curtains. However, she is also unable to secure a full-time job as she has a shoulder injury that leaves her in pain. Meanwhile, Aslan's heart condition meant that he had to take 26 types of pills a day, describing how filling his stomach became extremely important in the context of his health condition:

"Hana: He eats a lot, a lot.

Aslan: This heart problem makes me hungry quite a lot.

Hana: Sometimes at 3 or 4 in the morning, he'll eat.

Aslan: Sometimes at 3am, I feel hungry. That's when my heart starts to hurt. So even if I get to eat just a little bit, it'll feel better then I'll be able to sleep. If I feel the pain, I eat. If not, I don't eat. Just sleep all the way till the next morning. Sometimes it varies, 2, 3, 4, in the morning. Whenever I feel hungry, I have to eat."

Although Aslan and Hana receive help from multiple sources, such as their local Member of Parliament (MP), the community center, the mosque, charitable organizations in the area, and from friends and neighbours, this help is intermittent and usually tapped on when they run out of food. For the most

part, they managed by eating cheaper sources of food which can be consumed in larger quantities to help them fill their stomach, as Aslan shares:

"Depends on my appetite. Sometimes if I have food and if I have medicine to take then I'll eat. If not, I don't eat. ... Even if we wanted to control what we eat, it's difficult. Sometimes it's difficult for us to eat the minimum requirement. Sometimes we do, sometimes we don't. We only eat once a day. If I take my medicine, I'll eat biscuits. Sometimes I'll mix my maggi with my biscuits. More filling."

Aslan has since passed away after suffering another heart attack.

Although consuming healthier food can be an important part of disease management and can improve health outcomes, this is not always an option for someone with limited financial resources. Robin shares:

"Doctor always ask me to take healthy food. I always tell doctor that I can't get the food that you tell me to eat. It's not cheap. Like good food, cos I have diabetes and high blood. I tell doctor I cannot be choosy, whatever comes I have to take, and thanks to the God that I can eat and fill my stomach. I cannot say I must buy this and buy that. It's too expensive. All the good food, like low fat, low cholesterol,

all these things, not cheap. That's why I tell doctor I cannot afford. I just take what I can get, I'm happy. If I'm choosy, I myself die. I'm very happy already. You know when people give you thing, you choosy. What happened to you? Who are you you think man? Different already. Whatever they give me, I will say thank you."

The interviewer also asks Devi what food is recommended for her by her doctor to manage her diabetes, which has caused her to go blind in one eye and to lose some vision in the other eye:

"Veggie, veggie lah, you know, ahh, like that. Vegetables also expensive, you know? So I chin chai [anything or whatever], potatoes also eat lah."

Often, being food insecure impacts not only on one's physical health, but also a person's mental well being. For some, such as Lakshmi, an elderly woman who quit her job to recover from a leg operation, having to access much needed food resources such as food pantries also signifies the loss of independence:

"Yes, it's been this difficult because I quit my job. If I was working, I would be like a princess. No problem, there's no loan problem or anything. I pay my house rent, do all the things needed for the house, and I would save up money bit by bit.
... When I first went to get rice [the free meal], I paid \$1 for the box. After taking

the rice box, I cried that my situation has become as such – to collect food and eat. I cried."

For others, there is a perception that food assistance is mainly provided by charitable organizations only, which becomes a source of worry when one considers their sustainability. Shashi, who suffers from diabetes and is under the Public Assistance Scheme, ponders:

"There are agencies put in place to help, but does anybody know about it? There are charities being run, but does anybody know about it? Or how many beneficiaries do they have? You go to CDC, they give you a payout of \$350, correct, provided if you meet the criteria. However, when it comes to food rations given by food charities, not given by the government. Well, they are given by food charities outside government agencies. And just imagine, if one day, if we don't have charities like these. People like us, don't have charities, people like us, don't have Willing Hearts. What might happen? Big question mark right?"

It is important to clarify that many of the narratives described above are from individuals or families that are already receiving some form of assistance, whether from the state or from charitable organizations. Clearly, there are various types of resources available to the needy and multiple avenues in which to acquire them. However, whether due to lack of information, gaps in expectations, or inadequacy of aid, our findings demonstrate that food insecurity is a consistent theme that emerges from the interview data, suggesting a need for greater attention on this issue.

5. Stigma and Alienation

Stigma refers to the perception that people in society have negative feelings towards or look down on a certain group of people, while alienation refers to feelings of disconnection from family, friends, and society at large. Our interview findings indicated that the low-income in Singapore tended to react to their situation in various ways; however, a consistent theme articulated by our participants was such feelings of stigmatization and alienation, accompanied by feelings of sadness at their situation.

One of the participants, Shashi, was once homeless for two years until he successfully applied for a public rental flat and received financial assistance under the Public Assistance Scheme. He shares his views about how perceptions of being stigmatized alienate the low-income from speaking up about their problems:

"Those limbo cases, you are neither here nor neither there. You are neither handicapped nor are you fully yourself.

You are somewhere in between, not necessarily physically. I know also, mentally, you may look okay but actually you are not. You know some of the issues I faced, like having difficulty to go out and face the world or talking to people for that matter. So these are issues that these people faced, they have approached these agencies, but they were turned away! These people don't want to talk anymore. What's the point of talking? And let's say, how many times do you go around telling people your problem? I think one day, you are gonna to give up man. You know why? Sometimes when you speak to the other party, or whoever you are speaking to, there is this perception that the other party is looking down on you. And people tend to look down on such people. It's happening, it is not something that is not common. It is very common!"

Although the family is thought of as the first line of support in Singapore, many of our low-income participants explained that they are alienated from their families. Shashi describes his own personal situation, which started when he was diagnosed at an advanced stage of diabetes, lost his job, and had a falling out with his family:

"They are Hindus and I am a Christian. When they consult a medium or a priest, they said that, 'oh you got a new house now, your elder brother is going through some sort of difficulty, the stars are not in

place or whatsoever, and he's not allowed to enter the house.' So I was like, oh okay, that was the biggest setback. I had to stay on my own. ... Now when that happened, I was not prepared to be staying outside in a home which I didn't know, I was not open to renting out a room. It was like everything was being snatched away from me. It's like what I once described... You know we read about tsunamis, we see them in the Internet, the scenarios, it was just like that... I was just like standing at the shore with everything around me, the houses, the trees, the people around me, and suddenly the tsunami came. Nothing was left. I was just left there standing alone, amidst the debris. There was no help."

At times, instead of receiving support, they faced stigma from family members. Nitya, an elderly woman living in a public rental flat, shares:

"No, I don't have any relatives. All lost contact. Ah all lost contact already. If have relatives, also who's there to help you? Everyone have their own problems, don't help also. I got brothers [and] sisters in Singapore. They won't come and help me. They know it's my problem but they won't come, and because they have their own family. They won't come and help me. ... All my sisters brothers won't [come and visit], because they're well off in their lives. Because I'm staying in this house, so maybe they look down on me or what lah.

Because I'm staying like this."

Participants articulate these feelings of loneliness, alienation, and sadness in different ways:

"Interviewee: Is there any other challenges you would like to share with us?

Hwa: I have, but I don't know how to say. If I say, I might cry. I just try to get by day by day."

Sangeetha also shares the mental stress of managing on a meager income a month: "Got money means, mind peaceful. Can do this one, can do that. Sure very happy. No money already ah, thinking so much. Aiyo, have to [pay] this one, that one, how to settle? Phone bills, everything [no one help to] pay what, then this one, that one. I will suffer, headache. Want to cry like that... Sure lah, and some more I quiet only, friends all no talk."

Evident from these narratives is the fact that the poverty experience of the low-income in Singapore is multidimensional and often spans across various issues ranging from personal to structural. However, the emotional and mental well being of the low-income are often neglected in this process. Articulations of stigma faced by the low-income also point towards a need for the Singapore public to be sensitized to issues of poverty.

CONCLUSION

- 1. The poverty experience in Singapore is multidimensional. Our analysis of the 180 in-depth interviews revealed that issues of access to housing and affordable healthcare, barriers to applying for assistance, experience of food insecurity, and feelings of stigma and alienation were the key themes that constituted the lived experiences of the low-income in Singapore.
- 2. Our study shows how a combination of factors individual, structural, and fatalistic are relevant to our understanding of poverty in Singapore (Furnham, 1982). Individualistic or "blame the victim" explanations focus on how poor people themselves are responsible for their own failings, while structural explanations focus on economic and social factors such as unemployment issues, prejudice, or discrimination. Finally, fatalistic explanations emphasize on illness and bad luck.
- 3. Some of the barriers are communicative in nature, as there are resources out there to help low-income individuals but they may not have sufficient knowledge or access to social networks to tap on to find out about these avenues of support. Some of the problems faced by our participants also relate to sociocultural factors, such as stigma and alienation, that hinders

them from seeking the necessary help when needed. In these cases, engaging them in dialogue and open two-way communication is argued to be a productive way to find out how best to reach out to this group and to offer solutions that are in line with their cultural context.

- 4. This paper serves as an entry point to listening to the voices of the low-income in Singapore, and dialogically engaging the community in conversations to understand their experiences to inform stakeholder decision-making.
- 5. In the next step in our project, we formed an advisory board with 8-10 interviewees who participated in creating a communication campaign and the campaign messages. Following 6 rounds of discussion, the advisory board and CARE collaboratively designed a print advertisement, a 1.30 minute video advertisement, a documentary film, three community dialogues with key stakeholders, and a social media campaign.
- 6. This project is not without its limitations. First, the participants for our study were recruited through convenience sampling, based on the HDB public rental listing that was available online and through our networks. However, in line with other qualitative studies, the goal is

not to generalize our findings to the Singapore population, but to engage in rich ethnography that details thick descriptions and contextualized understandings of phenomena. Second, in recruiting participants who live in public rental flats and interim rental flats, we acknowledge that housing issues will be highlighted, although not all low-income individuals or families face this issue.

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