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## **INTRODUCTION: POPULATIONS, PRECARIETY AND THE COVID-19 PANDEMIC**

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### **THE COVID-19 PANDEMIC AND ITS IMPACT**

The outbreak of the COVID-19 coronavirus from late 2019 transformed, in many ways, the order of many things in our lives. This pandemic was a major global health challenge in the twenty-first century that has so far been unrivalled in scale and impact. Many lives were lost during the first two years due to its potentially dangerous effects on the human body, particularly among the physically and economically vulnerable. Although Southeast Asia had encountered earlier epidemics such as SARS<sup>1</sup> and MERS<sup>2</sup> in previous years, nothing quite prepared the countries in this region for the social and economic fallout that resulted from not just the disease, but also its corresponding effects on the infrastructural aspects of a country. This included the healthcare system, the education system, the transport system, entertainment

industries, and even the capacity for residents of a country to access public spaces. Dubbed a “new normal”, such a challenging experience obviously changed the lives of many in various societies throughout Southeast Asia. Apart from the tragedy of those who succumbed to the pandemic, the ones who survived it will likely carry the burden of coming to terms with its consequences and the changes it has incorporated into everyday living.

Many will recall that during its initial months, governments around the world and even the media tended to regard it as an epidemic that was largely limited to a single country, China. Although it was in China where most researchers today would admit where the COVID-19 coronavirus first emerged, it was presumed that sealing the country’s borders might contain the situation. Alarmingly, waves of outbreaks spread in varying intensity around the globe. Its rapid spread in a matter of months to almost every continent via a global network of travel and migration appeared to be inevitable. In the case of South Korea, for example, the city of Daegu recorded a cluster infection in a local church, starting a string of transmissions that would spin out of control. While the traditional approach of testing and contact tracing had initially worked well (Kim 2020), the scale of infection eventually spread everywhere. Finally, it became apparent that the COVID-19 coronavirus would become a full-blown pandemic that would exceed the severity of SARS and MERS, exhibiting similar characteristics to the influenza pandemic of 1918 also known as the ‘Spanish Flu’.

Following growing self-consciousness of its spread and dangers, health authorities in every country began to announce infection and death rates daily. Statistics of infectious diseases had never been so closely followed around the world until the COVID-19 pandemic. There was a prevailing sense of fear and impending doom in many countries around the world, but this was also interestingly, and perhaps unfortunately, contradicted by misinformed scepticism and rejection of the epidemiological reality of this pandemic. Many communities were divided, particularly in Western countries, on whether the safety measures put in place by governments were acceptable or, on the other hand for others, even sufficient. In the midst of the panic buying of food, medical face masks, antiseptic hand wash and other daily necessities resulted in images of empty shelves in stores and supermarkets, as thousands gradually fell victim to its deadly symptoms.

While most of the countries of Southeast Asia appeared to show a measure of resilience in the early months of 2020, this was eventually overtaken by surges in infections that saw even well-policed societies like Singapore failing to hold back infections, particularly among its migrant worker dormitories.

It was natural, then, that much was expected of governments around the world in responding to the growing infection numbers. Many countries in Southeast Asia adopted a two-pronged policy approach. The first approach was to curb the spread of the disease, which was followed by attempts to rescue or minimize its impact on the local economy, while enabling protection for the most vulnerable and the unemployed. Public health measures employed were enforced with a combination of lockdown and curfew, with social distancing measures. Throughout the rest of 2020, international borders were indefinitely closed, along with restrictions on domestic travel. This greatly affected tourism, migration and the airline industry, resulting in often-irreparable huge losses. At the same time, some governments strengthened their welfare programmes and reinforced unemployment benefits to relieve sectors hit hard by the pandemic, either directly or indirectly, such as the entertainment business involving nightlife where large crowds would often gather. Wealthier first-world nations pushed out economic stimulation packages without the need for means testing.

## **LIFE UNDER PANDEMIC LOCKDOWNS**

Many would recall that it was only by the end of 2020 where viable vaccines were made widely available to the world, although the initial months that followed revealed global inequalities in terms of access. Nevertheless, until the emergence of vaccines, the only way for governments to slow COVID-19 coronavirus transmissions and to “flatten the curve” had been to introduce social distancing protocols. The World Health Organization (WHO) (2020) distinguished these into four categories, namely: personal measures, physical and social distancing measures, movement measures and special protection measures. Personal measures were mainly about personal hygiene and wearing a mask in public venues. Distancing measures during the pandemic mandated that people should maintain between one and three metres away from each

other, depending on varying authorities. Due to such measures, the number of persons allowed at certain venues like schools, restaurants and cinemas were highly restricted. This subsequently reduced business hours, often leading to their eventual shutdown.

The social distancing measures banned or restricted individuals from travelling locally or internationally, except for essential or extraordinary reasons. In particular, special attention was directed to what were considered more vulnerable groups such as seniors and persons with underlying medical conditions. Furthermore, with the onset of periodic waves of infection in various countries in Southeast Asia, it was often revealed that the greatest victims of the pandemic have been low-income transient migrant workers, ethnic minorities and those living under squalid conditions in deprived areas where infections tended to grow uncontrollably (Lauvrak and Juvet 2020). Lockdowns often rendered them literally trapped in their living quarters, not to mention having limited access to local health care, especially for undocumented workers. Upon being treated, many displayed severe symptoms due to delayed access to medical treatment. Consequently, these communities suffered both physically and psychologically. This was usually compounded by xenophobia from the host society, as well as income insecurity that came about due to workplace closures or job losses (Guadagno 2020).

At the same time, while adopting a global and transnational perspective, it is informative to recall that the pandemic not only affected migrant workers but also their families in their country of origin, which are often developing societies. This is because many families of migrant workers rely on their regular remittances to overcome the costs of living (Takenaka et al. 2020). A central and recurring theme that resonates in the experiences of such communities has been their vulnerability to the unpredictable nature of the pandemic at the height of its spread. However, this is not to imply that other groups in a COVID-19 world faced lesser dangers. This recognition of precarity, as experienced by members of a precariat (Standing 2014) in every country, should also extend to the fact that some of the most vulnerable persons to the dangers posed by the pandemic were the frontline medical workers involving first-responders, nurses and doctors. This is because the entire public health system risks collapse if infections were to also severely incapacitate the role of health workers.

## OVERVIEW OF THE CHAPTERS IN THIS VOLUME

The origins of this collection of chapters stem from a series of scholarly presentations from a two-day conference titled “Managing Demographic Change in Southeast Asia: Challenges and Issues amidst the ‘New Normal’” that ran from 20–21 November 2020. As part of the “new normal”, the event was entirely hosted online by the ISEAS – Yusof Ishak Institute<sup>3</sup>, and supported by Konrad-Adenauer-Stiftung, a German political foundation dedicated to the promotion of liberal democracy and a social market economy. At the time of writing, with the pandemic evolving into an endemic reality for many societies in both Southeast Asia and beyond, this book is a reflection of its impact and ensuing consequences. The issues and questions evoked from various presentations at the conference, together with other additional authors invited for this collection, remain important arenas for scholarly discussion during this challenging period. Combined with an awareness of the pandemic, the perspectives of each contributor of this volume enable a useful platform in engaging a range of topics, particularly in the areas of mobility, migration, transnationalism and social marginality in the face of ongoing demographic trends that shape Southeast Asia.

Taken as a whole, the range of issues raised by the various authors may be seen as a mutual attempt at addressing and making sense of various social-cultural and economic issues while relating them to the broader narrative of precarity shaped by the COVID-19 coronavirus pandemic. Nothing, therefore, brings to the fore, our existential vulnerability as quickly as a potentially deadly disease that will not distinguish between culture, religion, nationality, gender or social class. In other words, this collection seeks to examine the various policy implications of this recent pandemic together with the precariousness of our lived experiences by not merely focusing on the pandemic itself in terms of infection counts or death tolls, but by revealing its capacity to disrupt key areas of everyday life within communities with strong ties to the region.

As a multi-ethnic and diverse region, Southeast Asia consists of countries experiencing various levels of development and demographic shifts. Amidst such diversity, there will be persons and certain communities that will be more vulnerable in view of their social, cultural, economic or embodied precarity. Consequently, it is already

a challenge for them to negotiate the necessities and regular needs of daily events, let alone in times of adverse situations, such as natural disasters or in this case, a pandemic. Such precarity often emerges from a lack of capacity to deal with even the most “ordinary” of affairs in the face of a sudden and unexpected loss of income or health. Recovery is also often a long-drawn and difficult process that could lead to a worsening of one’s situation if adequate support or stability is not given in a timely manner. Hence, the experience of migrants as part of “low-end” globalization (Mathews 2011) have been some of the most affected by the pandemic due to their socially marginal and disempowered status as mentioned earlier. As international borders were hastily closed in order to minimize the spread of the infection (Nouvellet et al. 2021), such migrants were often trapped in their places of employment and also remained far from their home countries. Unfortunately, such communities of migrants have often been conveniently scapegoated as potential spreaders of infectious disease (Ullah et al. 2021) under conditions that were not of their making.

The chapters in this volume, therefore, adopt approaches reflecting a range of academic fields that include education, anthropology, sociology, demography, migration studies, disability studies, development studies and social policy analysis. More specifically, the following eight chapters of this volume address issues related to ageing, inequality, migration, diversity, housing and employment in connection with a pandemic-ridden Southeast Asia. In Chapter 2, we start with Dommaraju’s discussion of how the family structure has changed due to demographic shifts in recent decades. He broadly explores the demographic trends in Southeast Asia, which remains a critical platform to understand how population changes also impact the experience of the pandemic and vice versa. The pandemic’s full impact on processes such as fertility, mortality, life expectancy and migration are only becoming more apparent as COVID-19 infections recede in various parts of the world. While not directly addressing the pandemic directly, Dommaraju very importantly lays the demographic foundation and context in relation to subsequent chapters that are fundamentally tied to the issue of population flows within and beyond Southeast Asia.

It is useful, then, to recall that the countries in the region are at different stages of demographic transition, with some having an expanding younger population while others experiencing rapid ageing.

For example, later marriage and the later outward migration by young adults are common for certain younger societies. However, for ageing societies, there are further implications for family support, social welfare and labour market issues. These concerns are addressed from different vantage points in Chapters 3 to 5. Tan and Lim's (Chapter 3) reflections on the Singapore-Johor Bahru Connection; Chan's (Chapter 4) examination of Thai and Vietnamese migrant workers to South Korea; and Small's (Chapter 5) insights derived from the linguistic acculturation programmes of migrants in South Korea further contextualize the challenges of migration and cross-border issues. At the same time, they underline the importance of how Southeast Asia should be understood as an interconnected region within and beyond it. In spite of the border lockdowns during the pandemic and tight restrictions to international travel, such networks remain but have been, admittedly, strained and transformed.

In Chapter 3, Tan and Lim reflect on the impact of the border lockdown between Singapore and Malaysia because of the pandemic. It effectively prevented, for each side respectively, much needed migrant labour from Malaysia and monetary flows from Singapore in the form of short-term tourism, among other consequences. This resulted in challenges for Singapore's labour infrastructure while it devastated the economic growth of Johor Bahru, the Malaysian city just across the border. Simultaneously, this chapter seeks to recall the social and emotional costs of such a prolonged separation. It is argued that such lockdowns are seldom sustainable because the social-cultural spaces between Singapore and Johor Bahru have become an integral part of the everyday lives of thousands of persons on both sides of the border, due to the intense nature of transborder mobilities. In the face of future border lockdowns of a similar nature, a more nuanced response by both the Singaporean and Malaysian governments in managing this longstanding relationship should be considered.

In Chapter 4, Chan examines the migrant trends of Vietnamese and Thai migrant workers in South Korea. He proposes a model of "unequal flows" regarding unskilled labour that is influenced by factors such as population ageing and labour migration patterns. Although migrant workers in South Korea had been adversely affected during the lockdown, a "reverse flow" emerged rapidly by mid-2022 as populations in both the labour sending and receiving countries

became vaccinated against the COVID-19 coronavirus. Consequently, Vietnam's desire for labour due to post-pandemic globalization drew Vietnamese workers back home to fill job vacancies. Also based in South Korea, Small's insights in Chapter 5 examined its growing multicultural society that is seeing an increased number of migrant brides from Vietnam, which is also complicated by the COVID-19 pandemic. Pre-departure training-upon-arrival linguistic acculturation programmes are offered to facilitate the integration of these new migrants. There is also local support for these multicultural families, which more than often consists of a marriage between a Korean husband and a Vietnamese wife. More importantly, Korean "multiculturalism" could be better understood as a bilateral policy where South Korea's "New Southern Policy" encourages its industries to invest and relocate their production plants to Southeast Asia, in particular, Vietnam.

The next two chapters provide a structural perspective on how population flows and demographic shifts in the areas of education and social protection relate to potential complications that accompany a sense of precarity. More specifically, they relate to tensions in national integration for a relatively young nation and the experience of managing natural disasters in a developing country. This is discussed in policies addressing foreign-local stakeholder dynamics (Tan and Khong in Chapter 6) and the evolution of social protection policies informed by the challenges of the COVID-19 pandemic (Prapaporn in Chapter 7). Tan and Khong's analysis of "Foreign Talent" policies in Singapore's education system offers a nuanced understanding of how the conscious inclusion of foreign-born teaching professionals and students into the island-state's education system in recent years appears to be less stable than it may appear. They identify a key source of such potential instability to competitive dynamics emerging from the "replacement migration" of ethnically-similar but culturally-distinct people groups into an environment that is still ambivalent regarding what constitutes a "Singapore core". What is suggested by Tan and Khong is the need for greater reciprocity in such efforts, and even more so in a time of challenges towards the delivery of education amidst unprecedented pedagogical practices, such as the use of "home-based learning" through online mediums.

Moving from Singapore to Thailand, Mongkhonvanit's "Managing Disaster Risk in Thailand" in Chapter 7, highlights the systemic policy



lessons learnt in implementing various programmes to reduce the risks and relieve the impacts of natural disasters. Although Thailand has undergone vast leaps in economic development in recent decades, its level of social inequality remains high, thus exacerbating the precarity of the less privileged. As a response to the outbreak of the COVID-19 coronavirus, the Thai authorities offered emergency social protection measures in the form of cash assistance for informal sector workers and farmers, for example. However, institutional frameworks limit social protection programmes by being less integrated with local disaster risk management policies. Existing social security schemes for poor individuals, families and children, therefore, should be expanded to cater for increasing needs arising during the lockdowns, associated employment loss and subsequent economic downturn. More policy changes are recommended to facilitate the application of more *proactive* than *reactive* approaches that will add to a more resilient support system to those who have fallen beyond any conventional social-economic safety nets in place.

The final two chapters adopt a more grounded view on the experience of precarity—the hearing impaired and the homeless, or more specifically, those facing transnational housing insecurity. Both of these groups encountered daily challenges that were significantly worsened by the arrival of the COVID-19 pandemic. Noting that mostly of those facing housing insecurity were from single-person and male households, Ng and Sekhon Atac’s (Chapter 8) original and well-documented study of Singaporean migrants in Malaysia and Indonesia clearly suggests that precarity can occur even among citizens of high-GDP and relatively affluent societies like Singapore. Many of their respondents have been stuck in Singapore during pandemic-related border closures, putting them in a *de facto* state of homelessness. Having adopted transnational living that entails transient stays in Malaysia and Indonesia, such Singaporeans are now facing social, economic and institutional dislocation due to the COVID-19 pandemic. At the same time, their choices in assuming such a lifestyle also have correlations with broader demographic shifts in Singapore.

Finally, to complement the previous chapter’s recognition of spatial precarity in terms of housing insecurity, Arifin, Hoon and Ananta’s contribution (Chapter 9) complete this volume by investigating how older persons with hearing disabilities in Indonesia traverse the

challenges of their embodied precarity. They argue that the pandemic has exacted a double toll on their disadvantaged status by worsening hearing capability. Some reasons for this lie in the ironic impact of pandemic safety measures such as the wearing of face masks to reduce the chances of infection, which also impedes the capacity for lip reading, effectively reducing an important mode of communication for the hearing impaired. This has also inadvertently reduced the chances for securing stable employment, revealing just how even the smallest of changes or restrictions to our everyday practices can have large and lasting consequences.

Admittedly, while we concede that this volume of chapters will not be able to provide a fully comprehensive discussion on the link between population flows and its relation to social and economic precarity, we hope that it will at least begin to address some of them. Neither will it answer all the problems emerging or eventually worsened by the “new normal” of the COVID-19 pandemic. However, in the wake of a challenging two-and-half year duration since the start of this global wave of suffering and death for many, perhaps a way to recover from it is to learn and subsequently grow stronger and wiser in its wake.

## NOTES

1. SARS - Severe acute respiratory syndrome
2. MERS - Middle East Respiratory Syndrome
3. Previously the Institute of Southeast Asian Studies

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