

PERSPECTIVE

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Populations, Precarity and Pandemics: The Demographics of Inequality and Covid-19 in Southeast Asia

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Workers wearing personal protective equipment (PPE) disinfect the Samut Sakhon Shrimp Center market that was temporarily shut down due to several vendors testing positive for the Covid-19 coronavirus in Samut Sakhon on January 25, 2021, spurring a wider outbreak across Thailand. Photo: Jonathan Klein, AFP.

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EXECUTIVE SUMMARY

- The recent resurgence of Covid-19 infections in Thailand and Malaysia among low-income migrant communities suggests a connection between the spread of the disease and the harsher conditions experienced by those living in relative poverty and who are socially marginal.
- Unfortunately, labour migrants are often scapegoated as the cause of growing Covid-19 infections.
- Southeast Asia is highly interconnected through complex and large-scale migration between and within countries. This has contributed to the emergence of the “precariat”, such as low-income migrant workers, a growing class of disadvantaged persons who are *underemployed* and are highly vulnerable during socio-economic and health crises.
- Efforts to combat the ongoing pandemic need to recognize the relationship between socio-economic inequality within populations and the resurgence and resilience of Covid-19 infection rates.
- The relationship between socio-economic inequality and the rate of infection is suggested when Indonesia and the Philippines, two countries with the greatest numbers of those living in poverty, also have the highest numbers of Covid-19 infections in Southeast Asia.
- Such linkages are further reflected when comparisons are made between the Gini Coefficient scores of countries in Southeast Asia and their accumulated Covid-19 infection numbers.
- Proactive policies should be formulated to combat the Covid-19 pandemic on top of ongoing reactive policies involving lockdowns, quarantine, testing, social distancing, contact tracing and vaccinations. Other than those in poverty, low-income migrant workers should be given priority access to voluntary free vaccination and subsidized healthcare; improved living conditions and greater social support in minimizing their marginality.

After more than half a year of apparent success at controlling Covid-19 infections, Thailand registered a shocking spike in numbers in the second half of December 2020. The first batch of infections emerged in the province of Samut Sakhon, just southwest of Bangkok, at a major shrimp market when up to 1,300 persons¹ were detected with the feared coronavirus in a matter of days. And after barely two weeks, infections were seen in up to 33 provinces throughout Thailand. Although four provinces² including Samut Sakhon were placed on regional lockdown, this was unable to slow the spread of Covid-19. By the first week of 2021, 28 provinces throughout the country were declared ‘red zones’³ and subjected to lockdown measures in varying degrees of severity. Going into the second half of January 2021, daily infections were numbering more than 200.⁴ The Thai government, however, has resisted calls to impose blanket lockdowns nationwide, so far placing only 6 provinces under provincial lockdown.⁵ By the start of February 2021, the 7-day average of infections number was more than 850, with the majority of cases found in Samut Sakhon through what the authorities have referred to as ‘active testing’.⁶

Seeking possible explanations behind the new wave of infections since December 2020, the Thai government has directed responsibility for the outbreaks on illegal immigration,⁷ since a high proportion of the initially infected in Samut Sakhon were low-income migrant workers from Myanmar.⁸ Such statements, unfortunately, have oversimplified the situation and fueled local hostility and suspicion⁹ against the Myanmarese migrant worker community in Thailand. The outbreak in Samut Sakhon further served to exacerbate earlier fears regarding a resurgence of infections when several Thai women illegally traversed the border¹⁰ between Myanmar and Thailand just a few weeks earlier. Ironically, these developments came in the wake of increasing global accolades¹¹ about how successful Thailand had been able to hold off the pandemic for most of 2020. Unfortunately, anticipation towards a year-end recovery of the local economy has been dashed, crushing faint hopes of tourism reviving in the coming months.

The sudden resurgence of Covid-19 infections in recent months has not been restricted to Thailand. The situation in neighbouring Malaysia, for example, has spiraled towards an ever more serious level. Although Malaysia had been similarly congratulated¹² for keeping the spread of Covid-19 infections to less than 10 persons in August 2020, the situation unfortunately turned for the worse when state elections in Sabah were held on 26 September, just barely a month later. Political campaigning had already occurred for two weeks prior and by the time the elections were over, a noticeable surge in Covid-19 infections¹³ was apparent because of large-scale intermingling during rallies and other public events. This eventually led to more than 86,000 infections by mid-December,¹⁴ where daily infections reached more than 1,000 a day. At the time of writing, infections in Malaysia have not abated for more than four months, surging at higher rates than before. In fact, the country recorded an all-time daily high of more than 2,500 cases¹⁵ on 31 December 2020, New Year’s Eve. On 12 January, the Malaysian King declared a nationwide State of Emergency¹⁶ after daily cases exceeded more than 3,000¹⁷ just a few days earlier. This would be the first time in more than 50 years that an emergency has been declared in the country, leading to concerns about Malaysia’s political future.¹⁸ In spite of such efforts, daily infections by the end January 2021 have gone beyond 5000.¹⁹

The ongoing pandemic scenarios in Thailand and Malaysia reflect the numerous difficulties that many countries around the world face, including those in Southeast Asia. Probably the most frustrating aspect of dealing with Covid-19 is its ability to return in far greater numbers

compared to earlier waves. Such fears appear to have been validated in several countries²⁰ in conjunction with year-end seasonal changes in 2020. For policy-makers and researchers, this certainly begs the question: Why has this been the case? Naturally, the answer to such a complex problem is multifaceted and many explanations have been proposed, but a key component to understanding and perhaps preventing future recurring waves lies in adopting a demographic perspective.

Just how bad has the pandemic been for the region? As of 29 January 2021, recorded Covid-19 cases within Southeast Asia were nearing 2 million,²¹ and rising daily (Figure 1). Although the pandemic has been better contained in Southeast Asia in comparison with societies such as the United States or the United Kingdom, it has highlighted the potential vulnerabilities in the region. The economic fallout from the lockdowns has been felt throughout all countries in Southeast Asia, with its combined total population of around 650 million. This is reflected in an overall GDP contraction of 4.2% for 2020 for the region.²² Consequently, the informal sector that involves 75.2% of Southeast Asia’s population²³ in manufacturing, construction and tourism, has been the hardest hit, driving millions of workers to face the bleak prospect of losing their jobs amid rising inflation.

Figure 1. Breakdown of Covid-19 coronavirus infections (as of 29 January 2021)

COUNTRY	CASES	Cases Last 24 hours	Deaths	Tests	Recovered	Cases per million
World	101,567,466	581,306	2,193,577	-	56,170,790	13,021
Indonesia	1,051,795	13,802	29,518	6,032,242	852,260	3,925
Philippines	521,413	1,838	10,600	7,857,086	475,765	4,971
Vietnam	1,657	104	35	1,469,955	1,448	17
Thailand	17,023	802	76	1,286,671	11,396	245
Myanmar	139,152	350	3,103	1,683,744	123,556	2,607
Malaysia	203,933	5,725	733	4,777,532	157,722	6,536
Cambodia	463	2	0	150,000	438	29
Laos	44	0	0	103,294	41	6
Singapore	59,449	24	29	6,315,357	59,148	10,593
Timor Leste	69	1	0	19,155	54	52
Brunei	180	4	3	92,111	170	420

(Source: <https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0>)

This article's fundamental argument is that inherent social-economic inequalities within and between countries are key factors in contributing to recurring waves of Covid-19 coronavirus infections.²⁴ These factors are as equally important as other considerations, such as the role of governance and the management of pandemics within populations. This is because the capacity for countries to either eradicate or minimize infections depends on them adopting *proactive policies* alongside ongoing *reactive policies* that involve all the familiar strategies of repetitive lockdowns, quarantine protocols, widespread testing, social distancing, contact tracing and finally, the search for medical cures and vaccines. One way to do so is to recognize that a recurring theme with Covid-19 is that cases tend to originate among socially and economically marginal communities²⁵ in their respective countries. This is a crucial observation, as it will enable governments to enact proactive policies for these communities in three broad and intersecting dimensions—the economic, the social and the environmental. The economic involves voluntary access to free vaccines *before outbreaks* and subsidized healthcare; the social aims at minimizing communal marginalization of the disadvantaged; and the environmental involves improving living conditions and slowing the spread of disease.

While ongoing narratives and observations regarding Covid-19's devastation have rightfully highlighted the negative consequences of the pandemic, greater demographic awareness regarding continuing social, economic and environmental conditions that contribute to the pandemic's apparent resilience is equally necessary. In other words, understanding the current pandemic through demographic lenses should not be simply restricted to examining statistical fluctuations of fertility, mortality and life expectancy, fundamental as they are to the discipline. They can and should be augmented by a nuanced and interdisciplinary analysis of ongoing inequalities and diversities,²⁶ which often run within and between populations in the form of transnational and internal migration. More specifically, labour migration within ASEAN countries accounts for at least 7 million documented persons, and they are an integral part of the region's economic development, where a majority are low-skilled and low-income migrants who often lack sufficient labour rights protection or legal status.²⁷ It follows intuitively, then, that demographic attempts to address the pandemic should also adopt a regional perspective²⁸ that views Southeast Asia as a single complex geopolitical entity.

In the case of Malaysia, one of the major sites of resurgent infections were in dormitories that housed low-income migrant workers of Top Glove,²⁹ a major manufacturer of up to a quarter of the world's medical latex gloves. A vast majority of the Covid-19 cases emerged amidst crowded living spaces that were judged to be deplorable.³⁰ Nevertheless, the Top Glove case is only one example out of a broader category of what the Malaysian authorities have labeled euphemistically as 'workplace clusters',³¹ sidetracking how such clusters are also sites of low-income employment involving a high percentage of migrant workers, who are often scapegoated³² for the rise in infections. Concurrently, it is also interesting to recall that the new wave of infections from December 2020 in Thailand first emerged in Samut Sakhon, a province well known for its high concentration of low-income migrant workers from Myanmar, now numbering approximately 400,000 persons, with many locals even referring to the province as 'Little Myanmar'.³³ Interestingly, such scenarios mirror what Singapore had previously struggled with for most of the previous year, when a high percentage of its Covid-19 infections³⁴ were also located among its foreign worker dormitories. It is important to realize that such parallels are not simply coincidences, but also revealing of a demographic reality with real consequences.³⁵

These cases in different countries suggest a close relationship between low-income migrant communities and the spread of disease. They are a reflection of how social and economic inequality within societies, along with environmental constraints, often translates into a sense of *precarity*, giving rise to a class of persons that scholars have described as the ‘precarariat’.³⁶ The term is a portmanteau of the words ‘precarious’ and ‘proletariat’, referring to a social class of persons who are often ‘underemployed’ as opposed to being ‘unemployed’. Apart from low-income migrant workers resulting from “low-end globalization” and involved in “3D” (Dirty, Dangerous and Demeaning) occupations, they are part of a larger population of persons who live in relative poverty, often housed under crowded conditions that have poorer standards of sanitation. This further suggests that it may not have been entirely unexpected that the Malaysian resurgence of Covid-19 infections first emerged in Sabah, which also happened to be the country’s poorest state with a poverty rate of 19.5 percent³⁷ along with significant numbers of undocumented low-income migrant workers.

Thailand and Malaysia are also the two most popular destinations³⁸ for low-income migrant workers within Southeast Asia. Drawing from statistics in the ASEAN International Labour Migration Statistics (ILMS) data-base,³⁹ both countries now have at least more than two and a half million employed migrants from the ASEAN region or beyond; and this is only taking into account the number of documented migrants. In reality, the combined numbers are likely far greater, as noted within reports on both countries regarding illegal and unskilled migrant workers.⁴⁰ It has also been estimated that Thailand alone has up to 5 million⁴¹ migrant workers.

The close relationship between precarity and pandemics is further reflected when the two countries in Southeast Asia with the greatest number of Covid-19 infections as of 29 January 2021 – Indonesia (1,051,795 cases) and the Philippines (521,413 cases) – are concurrently the same countries with the numerically largest populations living under their respective poverty lines (Figure 2). Reports prior to the current pandemic had already observed that up to 90% of Southeast Asia’s poorest are living in Indonesia or the Philippines.⁴² Despite the fact that extreme poverty has fallen across the region⁴³ in recent years, the situation is just as severe when their combined total of Covid-19 infections, to date, make up more than three-quarters of the accumulated total for the region.

FIGURE 2. Comparisons of population in poverty with cases of Covid-19 coronavirus

Country	Poverty Rate (%)	Estimated Population in Poverty	Covid-19 Cumulative Cases (drawn from Figure 1.)
Malaysia	5.6	1, 835, 466	203,933
Vietnam	6.7	6, 577, 311	1,657
Indonesia	9.8	27, 083, 454	1,051,795
Thailand	9.9	6, 925, 134	17,023
Cambodia	17.7	2, 999, 519	463
Laos	18.3	1, 350, 422	44
Philippines	21.6	23, 986, 133	521,413
Myanmar	24.8	13, 591, 890	139,152
Timor-Leste	41.6	561, 738	69

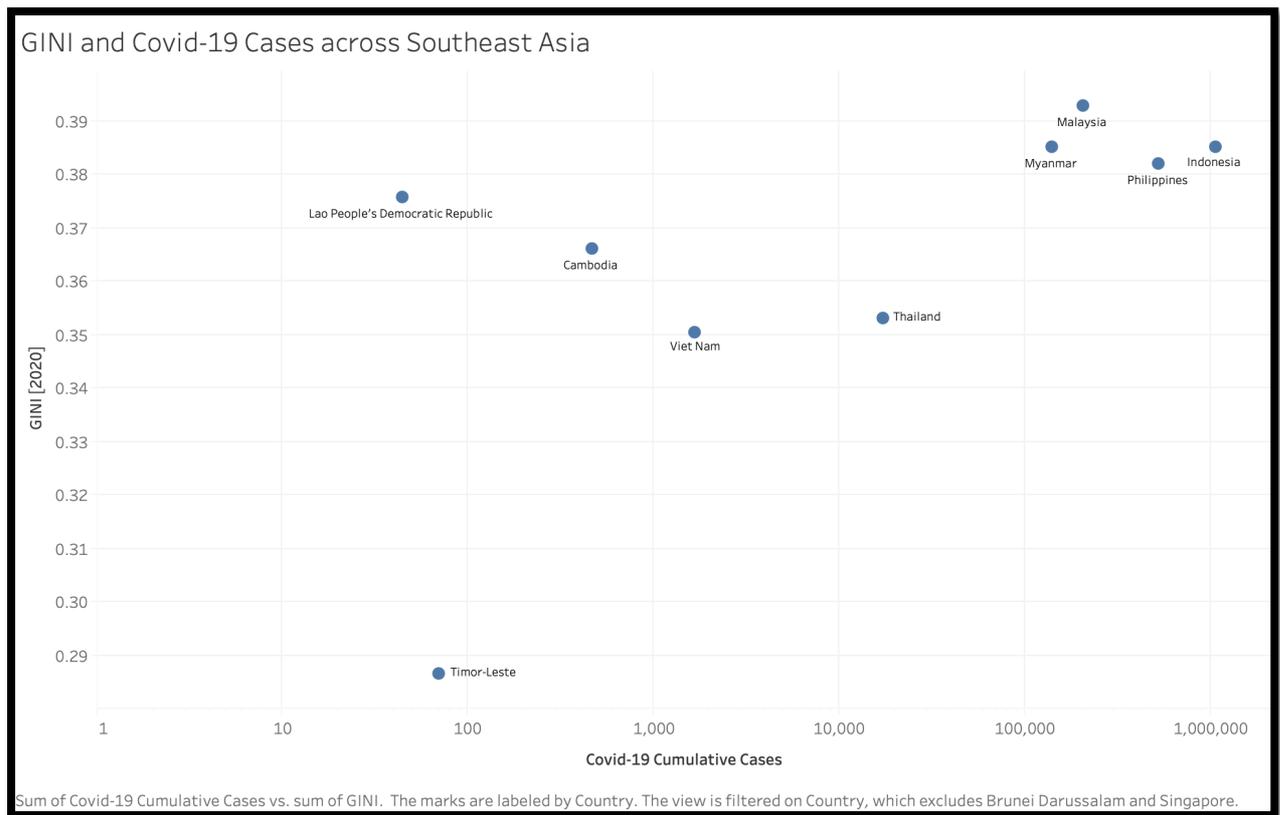
Source: <https://worldpopulationreview.com/country-rankings/poverty-rate-by-country>

The association between precarity and Covid-19 is also supported when we examine the relationship between the accumulated number of Covid-19 cases to date, and the countries’

respective Gini coefficient scores according to the World Bank. Based on Figure 3, Malaysia, Indonesia, Myanmar and the Philippines have the highest number of accumulated infections in the region along with their relatively higher Gini scores. The exceptions to this association appear to be Cambodia and Laos. One possible demographic explanation is that both Laos and Cambodia have the two youngest populations in Southeast Asia.⁴⁴ At the same time, insufficient testing in Cambodia⁴⁵ and Laos⁴⁶ may have obscured their real rates of infection.

Although these interpretations are limited by differences in how various countries calculate their Gini coefficient scores, the apparent correlation cannot be ignored. This is once more suggestive of how inequality within countries may be a partial indicator of their vulnerability to pandemics. The close relationship between precarity within populations and pandemics is even more marked when recent research⁴⁷ in the area of Vitamin D deficiency suggests that it can affect the severity of Covid-19 infections. This is not a unique revelation, as researchers have noted for some time an association between social-economic precarity and the relative deficiency of Vitamin D.⁴⁸

FIGURE 3. Approximate comparison of Covid-19 cumulative cases with Gini coefficient scores of ASEAN countries given by World Bank using Tableau software (Source: <https://data.worldbank.org/indicator/SI.POV.GINI>). Note: Information on Singapore and Brunei are not available from source



Admittedly, studying the relationship between the demographic characteristics of populations and pandemics⁴⁹ is not particularly new. This overlaps with the broader intellectual legacy of Malthusian concerns regarding overpopulation. Similar to the dangers of climate change, warnings from demographers, epidemiologists and other population scholars have always

noted the close relationship between rapid population growth and disease,⁵⁰ particularly under crowded and impoverished conditions. Nevertheless, over the years, such insights have not always been given the proper consideration that they deserve from policymakers. On hindsight, and perhaps unfortunately, this reflects the often-one-sided relationship between scholars and governments,⁵¹ where the former's work is subject to the agendas and political contingencies of the latter.

Perhaps an incentive for policymakers to pay more attention to those in precarity within their respective societies lies in the additional observations of how the current pandemic tends to exacerbate pre-existing demographic trends. This is where ageing societies appear to age even faster,⁵² and how less developed societies may be delayed from progressing along the stages of demographic transition because of accelerated fertility rates due to the current pandemic. The latter trend has been observed in the cases of Indonesia⁵³ and the Philippines,⁵⁴ where the pandemic has further raised birth rates partly due to poorer access to birth control measures. On the other hand, societies that have been ageing fastest in the region such as Singapore,⁵⁵ Vietnam⁵⁶ and Thailand⁵⁷ appear to be ageing at unprecedented rates. The potential economic challenges resulting from these demographic shifts should provide more impetus to stem the disease among precariat communities.

So, what next? The first important step is to translate such insights into action. With the advent of several vaccines that are already being employed in various stages throughout the world, there is now a cautious but renewed sense of hope that perhaps the "old normal" may return. The policies surrounding the implementation of the vaccines often take into account what they deem as "priority groups", and they rightfully refer to front-line medical staff who have been instrumental in combating and containing the spread of infections. This is often followed by prioritization based on age-group and health-status, suggesting that the elderly and those with compromised or pre-existing health conditions should be next in line.

Such strategies are not necessarily universal. Taking a different approach, Indonesia⁵⁸ has prioritized working adults within the age range of 18-59, which partly reflects an economy-centric rationale, and this is seemingly justified by their use of a Chinese-made vaccine where clinical trials had focused on this age group. However, it is unfortunate that low-income migrant communities and those in poverty are not intuitively considered vulnerable. Perhaps policymakers should at least begin categorizing them as a "priority group". This is because better control of future outbreaks can be ensured if these groups are given adequate attention and support. Economy-centric strategies are, at best, short to mid-term measures that sidestep the crux of the issue. Combating pandemics should be understood in terms of the "long-game", not unlike efforts addressing the problems of climate change. Ignoring efforts at administering vaccinations among populations in precarity and rejecting a dedicated approach to improve their living conditions would only stagnate ground-up *proactive* efforts at containing or minimizing future pandemics.

This preliminary examination of the relationship between demographic inequality and the apparent resilience of the Covid-19 coronavirus suggests that policymakers need to work on reducing the social and economic gap within their populations in order to minimize the conditions that can lead to resurgences in infections. Combating pandemics should take into consideration not only the citizenry or long-term residents, but also marginalized low-income migrant communities that actively participate within the local economy. A crucial and useful mindset change is to avoid conveniently separating infection counts into spurious categories of

“locals” and “foreigners”, because the Covid-19 coronavirus will not discriminate between nationality or ethnicity. It is one thing to say that the poor and disadvantaged will be the most affected in times of a pandemic, but it is even more important to eradicate poverty and lower social inequality to combat the dreaded resurgence of pandemics. We should remind ourselves that those who live precariously within our societies are more than often, not just the *worst* victims of a pandemic, but also likely its *earliest* victims.

¹ “Thailand mulls lockdown as coronavirus surge blamed on Myanmar workers” -

<https://www.scmp.com/week-asia/health-environment/article/3115130/thailand-mulls-lockdown-coronavirus-surge-blamed>. South China Morning Post, 23 December 2020.

² “Lockdowns now in four provinces” - <https://www.nationthailand.com/news/30400078>. The Nation Thailand, 23 December 2020

³ “Thai PM imposes lockdown restrictions in 28 “Red Zone” provinces from Monday” -

<https://www.thaipbsworld.com/thai-pm-imposes-lockdown-restrictions-in-28-red-zone-provinces-from-monday/>. Thai PBS World, 3 January 2021

⁴ “Thailand logs 287 new Covid cases Tuesday” -

<https://www.bangkokpost.com/thailand/general/2049707/thailand-logs-287-new-covid-cases-tuesday>. Bangkok Post, 12 January 2021

⁵ “Thai government's reluctance to impose Covid-19 lockdown stirs unease” -

<https://www.straitstimes.com/asia/se-asia/softly-does-it-bangkoks-covid-19-containment-strategy-stirs-unease>. Bangkok Post, 11 January 2021

⁶ “Thailand logs 836 new Covid cases, 793 from active testing” -

<https://www.bangkokpost.com/thailand/general/2060639/thailand-logs-836-new-covid-cases-793-from-active-testing>. Bangkok Post, 1 Feb 2021

⁷ “Thai PM blames COVID-19 surge on illegal migration, hints at new curbs” -

<https://www.channelnewsasia.com/news/asia/thailand-covid-19-surge-prayut-chan-o-cha-illegal-immigration-13825052>. Channel News Asia, 22 December 2020

⁸ “‘Little Myanmar’ COVID-19 cluster a ‘big lesson’ for Thailand” -

<https://www.thaipbsworld.com/little-myanmar-covid-19-cluster-a-big-lesson-for-thailand>. Thai PBS World, 22 December 2020

⁹ “Anti-Myanmar hate speech flares over virus” -

<https://www.bangkokpost.com/thailand/general/2040767/anti-myanmar-hate-speech-flares-over-virus>. Bangkok Post, 25 December 2020

¹⁰ “Fourth woman who sneaked back from Myanmar found infected” -

<https://www.bangkokpost.com/thailand/general/2028355/fourth-woman-who-sneaked-back-from-myanmar-found-infected>. Bangkok Post, 1 December 2020

¹¹ “WHO hails Thailand’s success in fighting Covid-19” - <https://www.thaipbsworld.com/who-hails-thailands-success-in-fighting-covid-19>. Thai PBS World, 14 November 2020

¹² “Malaysia's Success Story in Curbing the COVID-19 Pandemic” -

<https://www.iai.it/en/pubblicazioni/malaysias-success-story-curbing-covid-19-pandemic>. Istituto Affari Internazionali, 6 November 2020

¹³ “Malaysia's PM Muhyiddin admits Sabah state polls in Sept caused current Covid-19 wave” -

<https://www.straitstimes.com/asia/se-asia/malaysias-pm-muhyiddin-admits-sabah-state-polls-in-sept-caused-current-covid-19-wave>. The Straits Times, 18 November 2020

¹⁴ “Malaysia invokes emergency to stop by-elections as COVID-19 cases rise” -

<http://www.asahi.com/ajw/articles/14025493>. Asahi Shimbun, 16 December 2020

- ¹⁵ “Malaysia reports record 2,525 new COVID-19 cases on New Year's Eve” - <https://www.channelnewsasia.com/news/asia/malaysia-covid-19-new-cases-dec-31-record-high-8-deaths-13872280>. Channel News Asia, 31 December 2020
- ¹⁶ “Malaysia's king declares state of emergency to curb spread of COVID-19” - <https://www.channelnewsasia.com/news/asia/malaysia-king-declares-state-emergency-curb-spread-covid-19-13941968>. Channel News Asia, 12 January 2021
- ¹⁷ “Covid-19: Highest-ever daily total recorded as new cases breach 3,000” - <https://www.thestar.com.my/news/nation/2021/01/07/covid-19-3027-new-cases-eight-deaths>. The Star, 7 January 2021
- ¹⁸ Commentators have suggested that this was partially politically motivated, as Malaysian Prime Minister Muhyiddin Yassin had just lost his majority in parliament. Declaring a state of emergency would suspend parliament for the first time in 50 years, enabling Muhyiddin to remain in power. Further details can be found here: <https://www.reuters.com/article/us-healthcare-coronavirus-malaysia-emerg/explainer-why-a-state-of-emergency-raises-concerns-in-malaysia-idUSKBN29H1HE>.
- ¹⁹ “Malaysia records new high as daily cases exceed 5,000” - <https://www.straitstimes.com/asia/se-asia/malaysia-reports-record-daily-increase-of-5725-coronavirus-cases-taking-total>. The Straits Times, 30 January 2021
- ²⁰ “COVID-19: Lockdowns, curfews, alcohol bans as nations around the world fight resurgent virus” - <https://www.channelnewsasia.com/news/world/covid-19-lockdowns-curfews-alcohol-bans-battle-resurgence-13884138>. Channel News Asia, 3 January 2021
- ²¹ “Southeast Asia Covid-19 Tracker” - <https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0>. CSIS: Centre Strategic and International Studies
- ²² “ICAEW: South-East Asia's GDP growth to contract by 4.2% in 2020” - <https://www.digitalnewsasia.com/business/icaew-south-east-asias-gdp-growth-contract-42-2020>. Digital News Asia, September 21 2020
- ²³ “State of employment in informal sectors of Southeast Asia” - <https://www.peoplemattersglobal.com/article/recruitment/state-of-employment-in-informal-sectors-of-southeast-asia-20968>. People Matters, 20 March 2019
- ²⁴ “Covid 19 – Epidemic ‘Waves’” - <https://www.cebm.net/covid-19/covid-19-epidemic-waves>. The Centre for Evidence-Based Medicine, 30 April 2020
- ²⁵ “Diseases and the Links to Poverty” - <https://en.reset.org/knowledge/diseases-and-links-poverty>. Reset: Digital for Good
- ²⁶ “Demography and Inequality” - https://www.eapn.eu/wp-content/uploads/2013/08/eaf_policy_brief_demography_and_inequality_post_copy_edit_15.10.13.pdf. European Commission, April 2013
- ²⁷ “Labour Migration in the ASEAN Region: Assessing the Social and Economic Outcomes for Migrant Workers - <http://www.migratingoutofpoverty.org/files/file.php?name=harkins-labour-migration-in-asean-update.pdf&site=354>. Migrating Out of Poverty Research Programme Consortium, Department for International Development (DFID), United Kingdom
- ²⁸ “Asean unity in the age of coronavirus” - <https://www.bangkokpost.com/opinion/opinion/1943180/asean-unity-in-the-age-of-coronavirus>. Bangkok Post, 30 June 2020
- ²⁹ “Migrant worker at Malaysian medical glove manufacturer dies of Covid-19” - <https://www.theguardian.com/world/2020/dec/14/worker-in-malaysian-medical-glove-factory-dies-of-covid-19-top-glove>. The Guardian, 14 December 2020
- ³⁰ “Malaysia's COVID Woes Spotlight 'Terrible' Migrant Worker Housing” - <https://www.voanews.com/east-asia-pacific/malaysias-covid-woes-spotlight-terrible-migrant-worker-housing>. VOA News, 6 December 2020

-
- ³¹ “Health Ministry: Over a third of all Covid-19 clusters are linked to workplaces” - <https://www.thestar.com.my/news/nation/2020/11/24/health-ministry-over-a-third-of-all-covid-19-clusters-are-linked-to-workplaces>. The Star, 24 November 2020
- ³² “Malaysia’s Coronavirus Scapegoats” - <https://foreignpolicy.com/2020/06/19/malysias-coronavirus-scapegoats>. Foreign Policy, 19 June 2020
- ³³ “The Lives of Migrant Workers in Thailand’s ‘Little Burma’” - <https://globalvoices.org/2016/07/19/the-lives-of-migrant-workers-in-thailands-little-burma>. Global Voices, 19 July 2016
- ³⁴ “Covid-19: Singapore migrant workers infections were three times higher” - <https://www.bbc.com/news/world-asia-55314862>. BBC News, 16 December 2020
- ³⁵ “Southeast Asia’s migrant workers face Covid-19 tragedy” - <https://www.ucanews.com/news/southeast-asias-migrant-workers-face-covid-19-tragedy/87842>. UCA News, 28 April 2020
- ³⁶ “Meet the precariat, the new global class fuelling the rise of populism” - <https://www.weforum.org/agenda/2016/11/precariat-global-class-rise-of-populism>. World Economic Forum, 9 November 2016
- ³⁷ “Poverty, Sickness, And Death: Why Sabah’s Covid-19 Patients Are Ill” - <https://codeblue.galencentre.org/2020/10/20/poverty-sickness-and-death-why-sabahs-covid-19-patients-are-ill>. Cod Blue, 20 October 2020
- ³⁸ “Thailand and Malaysia top countries for ASEAN labour migration” - <https://theaseanpost.com/article/thailand-and-malaysia-top-countries-asean-labour-migration>. The ASEAN Post, 27 December 2017
- ³⁹ The International Labour Migration Statistics (ILMS) Database for ASEAN - http://apmigration.ilo.org/resources/ilms-database-for-asean-asean-at-a-glance/at_download/file1. (Rev)2013
- ⁴⁰ “Thai authorities detain illegal Myanmar migrant workers” - <https://www.ucanews.com/news/thai-authorities-detain-illegal-myanmar-migrant-workers/89336>. UCA News, 31 August 2020
- ⁴¹ “United Nations Launches Thailand Migration Report 2019” - <https://www.iom.int/news/united-nations-launches-thailand-migration-report-2019>. IOM, UN Migration
- ⁴² “Southeast Asia’s poorest mostly Filipinos, Indonesians – ASEAN report” - <https://www.rappler.com/world/asia-pacific/asean-report-poverty-philippines-indonesia>. The Rappler, 19 November 2017
- ⁴³ “Will COVID-19 erase ASEAN’s progress on poverty in recent years?” - <https://www.aseantoday.com/2020/04/will-covid-19-erase-aseans-progress-on-poverty-in-recent-years>. ASEAN Today, 7 April 2020
- ⁴⁴ “How Asia’s Population is Ageing, 2015-2030 scenario - <https://www.thejakartapost.com/news/2018/02/14/how-asias-population-is-ageing-2015-2030-scenario.html>. Jakarta Post. 14 February 2018
- ⁴⁵ “In Cambodia, coronavirus ‘scarecrows’ deployed by farmers to ward off infection” - <https://www.scmp.com/news/asia/southeast-asia/article/3105049/cambodia-coronavirus-scarecrows-deployed-farmers-ward>. South China Morning Post, 11 October 2020
- ⁴⁶ “Secretive Laos reports very few Covid-19 cases” - <https://www.ucanews.com/news/secretive-laos-reports-very-few-covid-19-cases/87907>. UCA News, 5 May 2020
- ⁴⁷ “Over 200 Scientists & Doctors Call For Increased Vitamin D Use To Combat COVID-19” - <https://vitamindforall.org/letter.pdf>. #VitaminDforAll, 7 December 2020
- ⁴⁸ “Vitamin D and the social aspects of disease” - <https://academic.oup.com/qjmed/article/104/12/1065/1545355>. D.S. Grimes. QJM: International Journal of Medicine, Volume 104, Issue 12, December 2011, Pages 1065–1074
- ⁴⁹ “How Demographic Changes Make Us More Vulnerable to Pandemics Like the Coronavirus” - <https://www.prb.org/how-demographic-changes-make-us-more-vulnerable-to-pandemics-like-the-coronavirus>. 13 April 2020

- ⁵⁰ “What 11 Billion People Mean for Disease Outbreaks” - <https://www.scientificamerican.com/article/what-11-billion-people-mean-disease-outbreaks>. Scientific American, 26 November 2013
- ⁵¹ “Scientists must rise above politics — and restate their value to society” - <https://www.nature.com/articles/d41586-019-02379-w>. Nature, 7 August 2019
- ⁵² “Here Comes the COVID-19 Baby Bust” - <https://www.theatlantic.com/family/archive/2020/11/covid-19-pandemic-births-baby-bust/617149>. The Atlantic, 24 November 2020
- ⁵³ “Pandemic-fuelled baby boom has many Indonesians worries - <https://www.thejakartapost.com/news/2020/07/01/pandemic-fuelled-baby-boom-has-many-indonesians-worried.html>. Jakarta Post, 1 July 2020
- ⁵⁴ “Covid-19: The Philippines and its lockdown baby boom - <https://www.bbc.com/news/world-asia-55299912>. BBC News, 23 December 2020
- ⁵⁵ “Singapore and rest of aging Asia scurry to avoid COVID baby bust” - <https://asia.nikkei.com/Spotlight/Coronavirus/Singapore-and-rest-of-aging-Asia-scurry-to-avoid-COVID-baby-bust>. Nikkei Asia, 21 October 2020
- ⁵⁶ “Aging in Vietnam: The elderly to account for 20.4% by 2050” - <http://hanoitimes.vn/ageing-in-vietnam-older-persons-to-account-for-204-by-2050-314914.html>. Hanoi Times, 21 November 2020
- ⁵⁷ “Ageing population in Thailand” - <https://ageingasia.org/ageing-population-thailand>. HelpAge Global Network.
- ⁵⁸ <https://www.reuters.com/article/us-health-coronavirus-indonesia-explaine/why-indonesia-is-vaccinating-its-working-population-first-not-elderly-idUSKBN2990MX> - <https://www.reuters.com/article/us-health-coronavirus-indonesia-explaine/why-indonesia-is-vaccinating-its-working-population-first-not-elderly-idUSKBN2990MX>. Reuters, 4 January 2021

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