

Overseas Filipino Workers (OFWs) in Hongkong: Demographic Correlates and Insights on their State of Well- being and Happiness?

Arnel T. Sicat

ABSTRACT

*This case study described the demographic correlates and insights of Overseas Filipino Workers (OFWs) in Hongkong regarding their state of well-being and perceived happiness. The integration of the fundamental health indicators (BMI & glucose test), the Subjective Well-Being by Diener, Lucas, & Oishi (2002), and the happiness indices by Albuquerque (2016) were adapted as indicators for the wellness instrument. Fifty-six OFWs voluntarily participated in the health extension program hosted by an NGO, but only 51 became research participants. The descriptive analysis shows that the participants' well-being and degree of happiness registered "high" and "very high," respectively. Meanwhile, Chi-square analysis showed that the status of the well-being of the OFWs in Hongkong is associated with the years of stay and other indicators, an example of which is blood pressure. Participants with high well-being tend to have better ratings of their blood pressure. More so, there is the likelihood that those with high well-being tend to prolong their stay in Hongkong since they are physically and mentally fit to work. Likewise, associations were determined between happiness and body mass index (BMI), and blood pressure. The higher the happiness level of the participants, the more normal blood pressure and seemed to be healthier based on their body mass index than those registered with a low level of happiness. Notably, Pearson's *r* correlation shows a substantial positive relationship between the well-being and happiness of OFWs. Findings from the FGD showed OFWs' dream of having a house and good health. Generally, the OFWs characterized themselves as loving and forgiving. Notably, the family is the most valued possession in their lives. Thus, the happiest moment is being with the family and loved ones, and the saddest moment is losing one. However, the most fearful thought is getting gravely ill, which substantially affects their work.*

Key words: Overseas Filipino Workers, demographic profile, well-being, perceived happiness

INTRODUCTION

The Philippines occupies a special place in the world of migration. According to the Philippine Statistics Authority (PSA), a massive population of Filipino workers abroad is estimated at 2.3 million who continually sacrifice their lives for their families and the country. These modern heroes have contributed tremendously because of their remittances that sustain their families and, at the same time, contribute significantly to the country's economy (Estillore, 2015; Reyes, 2007). More and more workers leave the country for higher-paying job opportunities. The Bangko Sentral ng Pilipinas reported 28,943,112,000 US dollars as total remittance of OFWs in 2018. The growing phenomenon is called "diaspora" by many experts and scholars, where the most prominent export is people (Brinkerhoff, 2006). As many sociologists would coin it, the Filipino diaspora, deriving from the Greek word diaspeirein or spreading about. Generally, migration becomes a matter of necessity than a choice for most OFWs since the majority of Filipinos experiences poverty.

Nevertheless, such migration drains may be converted to economic gains by harnessing resources from these overseas professionals (Wescott & Brinkerhoff, 2006).

Notably, the remittance from OFWs has been considered the Philippines' lifeline in times of crisis. According to the World Bank, the Philippines was notably the third-largest remittance economy in 2018, amounting to 35 billion dollars. The case of typhoon Haiyan or Yolanda, the local version of the typhoon that tremendously hit Tacloban City, is a premier example where remittances helped in one way or another during the crisis. However, such mobilization of remittances after post-disaster recovery is experienced differently and highlights class-based inequalities (Su & Mangada, 2018).

Despite the State's efforts to provide job opportunities and the promotion of local employment as expressed by law- "The Republic Act 8042 Section 2 Declaration of Policies states that "(T)he State shall...promote full employment... and ... the State does not promote overseas employment as a means to sustain economic growth and achieve national development...Therefore, the State shall continuously create local employment opportunities..." still, the push and pull factors of foreign employment are more vital than ever, resulting in brain drain and overseas employment.

Today, Filipinos can be found in over 200 countries globally in as many jobs and professions as one can imagine. Based on the stock estimate of the 8.5 million Filipinos abroad, almost half of them are OFWs (45%), permanent migrants consist of 47%, and 8% irregular migrants. There are diverse push and pull factors for leaving the country, but the most common and basic desire is to save their families from poverty (Solomon & Eden, 2010). However, there are myriads of reasons why Filipinos work abroad as OFWs. As a developing country, the Philippines is overpopulated and economically depressed, vying currently for the lowest ranking among the Asian economies and rated in the top ten most corrupt nations globally (Salaverria, 2012). Filipinos are proud of their heritage, highly skilled and educated but underemployed and underpaid. There are a prevailing cynicism and skepticism about the country's future, especially in the light of the political prostitution unashamedly displayed by the traditional politicians ... [during national elections]. Whenever an opportunity opens for work abroad, Filipinos opt to leave and are given a chance to migrate as families. Moreover, most of the jobs offered here do not pay enough to cover the expenses of the family or family's consumption. In most cases, they could only leave as contract workers and be numbered among those with OFW (Overseas Filipino Workers) status.

Because of the "diaspora" phenomenon, the government has enacted laws and executive orders to protect OFWs from harm's way:

1. The Overseas Filipino Act of 1995 (RA 8042)- which aims to protect OFWs against human rights violations, as well as promote the welfare of both the worker and their families overseas, especially in times of distress
2. R.A. 8042 – The Migrant Workers And Other Overseas Filipinos Act of 1995 as amended by R.A. 10022 in 2010- which aims to tighten the conditions for their deployment
3. R.A. 9208 -- The Anti-Trafficking In Persons Act of 2003, which was recently amended as R.A. 10364 -- The Expanded Anti Trafficking In Persons Act of 2012- which introduces more stringent provisions to protect them from human trafficking
4. R.A. 9710 -- The Magna Carta of Women of 2009- which ensures the protection and promotion of migrant women's rights and welfare
5. R.A. 10361 -- The Kasambahay Act of 2012- which ensures decent work for domestic workers
6. Executive Order No. 797-Law Creating POEA- which ensure the protection and promotion of migrant women's rights and welfare
7. Executive Order No. 247 - a.k.a. Reorganization Act of POEA of 1987 – which is intended to make the delivery of public services more efficient
8. Executive Order No. 195 – the creation of OWWA – which creates a medical program for OFWs

Truth be told that there are policy issues behind the implementation of these laws that provide low morale to OFWs, especially when confronted with problems and challenges as OFWs such as having a dysfunctional family at home, death of loved ones, poor working conditions, oppressive foreign structures and

systems, and mental health concerns such as anxiety and depression to name a few.

In this case study, the mental health status of OFWs would be described, in particular, their perception of their well-being and happiness. Nath and Pradhan (2012) asserted that mental health is associated with subjective well-being, is interchangeably used with psychological well-being. Notably, mental health is a condition of well-being where individuals are aware of their abilities while dealing with an everyday burden such as anxiety and tension of living, but still doing jobs efficiently and partake roles in society's demands (World Health Organization [WHO], 2011).

Previous studies show that physical and mental well-being are influenced by happiness. For example, in a survey conducted by Veenhoven (2008), happiness nurtures physical health by keeping a person from getting sick. Happy people tend to have longer lives. Studies also show increased happiness is associated with mental health and physical health-related quality of life (Proctor, Maltby, & Linley, 2011; Angner, Ray, Saag, & Allison, 2009). Likewise, physical health and psychological well-being are improved when there is positive affectivity in a person; and the more content a person is, the more positive they become, which results in the development of physical health and psychological well-being (Nath & Pradhan, 2012). However, these studies seem to focus more on the effect of happiness on physical and mental well-being.

Maltby, Day, and Barber (2005) described happiness as the pinnacle manifestation of human contentment. However, many scholars have attempted to characterize happiness and provided a wide range of studies showing it is associated with different constructs from varied disciplines (i.e., neuroscience and psychology, philosophy, economics) (Ballas & Tranmer, 2012). There are numerous factors affecting happiness, such as leisure,

marriage, and employment. Deprivation of these factors may result in unhappiness (Argyle, 1999). Argyle also revealed that income has a multifaceted and generally weak effect on happiness. Smith, Langa, Kabeto also confirmed it, and Ubel (2005), an increase in wealth, could elevate one's happiness only to a minor extent.

Moreover, Mogilner (2010) posited that too much attention to making money has a detrimental effect on interpersonal relationships, similar to happiness. Another factor is work status; studies show older adults who have gainful employment obtain further happiness from the relaxing activities at their jobs (Tadic, Oerlemans, Bakker, and Veenhoven (2012). Concomitantly, people who experienced being empowered in their careers tend to engage more in their work, which depicts satisfaction and happiness. Happiness is linked with workplace success and an antecedent to the measures of success and workplace outcomes mediated by the orientation of positive affect (Boehm & Lyubomirsky, 2008). On the other hand, demographic factors such as age, sex, and education had a small, positive effect on happiness (Argyle, 1999). The current study attempted to determine an association between the socio-economic-health demographic profile of OFWs with their well-being and perceived enjoyment.

The mental health problem of OFWs has gained interest among scholars in the academe, especially now that Filipinos have begun to realize their crucial role in the global society. Thus, the plight of Overseas Filipino Workers (OFWs), specifically those in Hongkong, is considered a relevant phenomenon that needs to be explored. In particular, the assessment of wellness, e.g., well-being and happiness of Catholic Filipino domestic helpers.

History narrates that sending Filipino labor abroad is associated with Hong Kong's economic rise in the 1970s and 1980s (Kim 1999). Hongkong, one of the original East Asian Tigers,

increased the middle-class women entering the workforce due to the booming economy. Women moved away from the traditional domestic roles in home management and child-rearing, which allowed for the influx of Filipino domestic workers (Koh 2009).

This case study aimed to promote wellness among Overseas Filipino Workers (OFWs) in Hongkong. Specifically, it profiled the participants' demographics vis-à-vis the assessment of their health, wellness, and happiness index. This assessment generated information about their needs, which would initially be addressed through immediate wellness activities, psycho-social group dynamics, and a spiritual formation program. Moreover, through focus group discussions (FGDs) on well-being among Overseas Filipino Workers (OFWs) experiences about their dreams and ambitions, self-identity, the essential people in their lives, and fears, happiest and lowest moments as OFWs will also be described.

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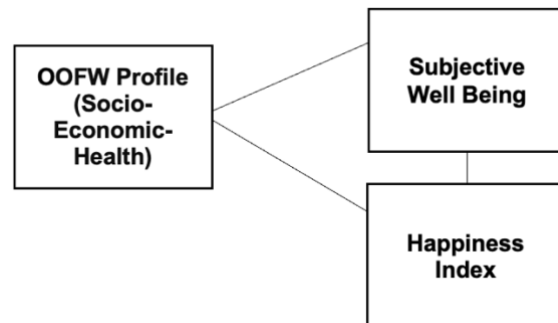


Figure 1. *Conceptual Framework of the Assessment*

The study is grounded on the theory of Gerdtham and Johannesson (2001) stating that happiness increases with demographic factors such as income, health and education and decreases with unemployment, urbanisation, being single, and male gender.

Hypotheses:

H1: There is an association between OFW's subjective well-being and their socio-economic-health profile.

H2: There is an association between OFW's happiness index and their socio-economic-health profile.

H3: There is a relationship between OFW's subjective well-being and happiness.

The study's findings will be relevant baseline data for developing an international extension wellness program for OFWs in Hongkong. The wellness program participants who have problems related to mental health may mitigate their stress and anxiety through the differentiated programs provided by relevant support groups.

In this study, wellness is presented in three eudaemonic models: general physical health, the personal judgment of well-being, and the fulfillment of the most valued indicators of a happy person. Physical health refers to the general condition of the body in terms of acceptable BMI, blood pressure, and sugar level. On the one hand, subjective well-being is the personal assertion of one's ideal life, excellent living conditions, life satisfaction, possession of the essential things in life, and contentment. Happiness refers to the positive affirmation with the nine indicators of happy living; namely, joy with one's status in life, state of optimism and

extroversion, social activism in the community, job fulfillment, spirituality, engagement in recreational pursuit, the drive to be physically fit through physical exercise, acquisition of all the basic needs in life, and the experience of freedom in the society. Lastly, needs assessment refers to uncovering the needs of the target community through surveys and interviews.

METHOD

This case study used a mixed design involving quantitative and qualitative approaches. The quantitative part is descriptive correlational, where a validated survey instrument composed of salient questions on the participants' health profile as well as wellness and happiness was administered to the participants during the registration and management of health promotion and assessment.

Participants

The OWF communities were invited to the program with the assistance of an NGO in Hongkong as a partner agency. There were 56 Catholic OFWs who willingly responded, registered, and later actively participated in the program of study. However, only 51 participants have completed data with a response rate of 91%, and about 60% voluntarily joined the focus group discussion.

Instrument

The survey instrument comprises 11 items that asked for the participants' profile and health demographics and 15 items on wellness and happiness indices. The survey instrument was translated into Filipino and later validated by Filipino language experts. The standardized tool was adopted from Diener, Lucas, & Oshi (2002), consisting of 5 items that measure subjective well-

being and ten modified items were lifted from Albuquerque (2016), asserting the ten happiness indicators, with both a four-point Likert scale (Strongly agree, agree, disagree, and strongly disagree) as ordinal measures. Later, the well-being and happiness index results were compared with the participants' demographics to see if there are associations that exist with well-being and happiness.

Data Gathering

The survey was conducted before the short orientation on the concept of well-being and mental health, which was carried out to obtain socio-economic-health profile from the participants. Participants' health indices were obtained through the regular health protocol supervised by a professional nurse. After the brief orientation, a focus group discussion (FGD) was conducted to elicit insights into their current well-being. In the qualitative dimension, a session of group dynamics via hand language was facilitated. To draw insights from participants, they were asked to draw one of their hands on a sheet of paper and filling out answers to 6 questions: Palm (Palad): What is your dream in life? (Ano ang pangarap mo sa buhay?); Thumb (Hinlalaki): How do you describe yourself? (Ilarawan mo ang sarili mo?); Index (Hintuturo): Who is the most important person in your life? (Sino ang pinakamahalagang tao sa buhay mo?); Middle (Palagitnaan): What is your worst fear? (Ano ang takot mo sa buhay?) ; Ring (Palasingsingan): What is the happiest moment in your life? (Ano ang pinakamasayang sandali ng buhay mo?); Pinky (hinliliit): What is the saddest moment in your life? (Ano and pinakamalungkot ng karanasan?) The sharing of insights by participants followed it immediately and was processed using thematic analysis.

Ethical Implications

Before the actual conduct of the study, an ethics clearance from the UA-Ethics Committee on the proposal was sought. The participants signed the approved informed consent before the health assessment, survey, and FGD. The informed consent contains salient elements that protect human participants, namely: disclosure of purpose and objectives, confidentiality, the right to withdraw, permission to audio record sessions, among others. All retrieved information was appropriately stored and later disposed of by shredding the survey forms and documents to observe participants' privacy.

Data Analysis

After the focus group interview, the video recorded was transcribed. Through content analysis of texts, recurring themes were grouped and categorized. Actual counts and frequencies were tabulated to identify mother themes. The survey data were analyzed using Microsoft Excel Data Analysis Tool Pack and Statistical Package for Social Sciences (SPSS) v. 25. Frequency, percentage, Mean, SD was used to summarize data and constructed summary tables. In contrast, the Chi-square test was used to find an association among ordinals and categorical variables, while Pearson's *r* was used to find correlation among continuous variables. A four-point Likert scale was used (1.00 – 1.74- Strongly disagree/ Very low; 1.75- 2.50 – Disagree/ Low, 2.51- 3.26- Agree/ high; 3.27- 4.00- Strongly Agree/ Very high) to interpret the mean scores.

A test of normality using the Shapiro Wilk test was conducted, revealing if the *p*-value is higher than 0.05, which indicates that the data for both well-being and happiness satisfy the assumptions of a parametric analysis using Pearson moment

correlation. The assumptions of the chi-square test were also considered in processing the relationship between well-being and ordinal and categorical demographic variables.

FINDINGS

Results show that 100% of the participants are domestic helpers while the majority of them are female (98%), whose age falls between the working-age bracket of 31 - 40 (21.4%), 41-50 (22.9%), and 51-60 years old (22.9%). There are only very few who fall between 21 to 30 years old (4.3%). Many of the participants are married (43.1%) and have college degrees (43.1%). Most of them have a monthly income between 4001 – 5000 HK dollars.

Table 1. *Demographic Profile of OWF Participants in Hongkong*

Category	F	%	Category	F	%
Age			Gender (Sex)		
21-30 years old	3	4.3	Female	50	98.0
31 -40 years old	15	21.4	Male	1	2.0
41 - 50 years old	16	22.9	Years in Hongkong (in years)		
51- 60 years old	16	22.9	0 -5	14	27.5
61 and above	1	1.4	6-10	10	19.6
Civil Status			11 -15	7	13.7
Single	19	37.3	16 -20	6	11.8
Married	22	43.1	21-25	7	13.7
widow/widower	4	7.8	26-30	4	7.8
separated/divorce	6	11.8	31 and up	3	5.9
Education Status			Monthly Income (In HK dollars)		
Did not finish highschool	1	2.0	3000-4000	1	2.0
Finished highschool	10	19.6	4001-5000	27	52.9
Took up vocational	9	17.6	5001-6000	6	11.8
Did not finish college	8	15.7	6001-7000	12	23.5
Finished college	22	43.1	7001-8000	2	3.9
Took up graduate school	1	2.0	8001 and up	3	5.9

Regarding their health condition, 18% of the participants are hypertensive ($f=10$), and 49% registered to be in the pre-hypertension. Only three in every ten have a standard range of blood pressure (31.4%). In terms of body mass index, there were 11 who registered to be massively overweight (21.6%), 14 overweight (27.5%). Notably, there are 26 who have the ideal weight (51%). In terms of glucose index, only a minority ($f=14$) expressed to have high glucose (27.4%), and the majority are at normal range (72.5%).

Table 1.2 Health Profile of Overseas Filipino Workers

Category	f	%	Category	F	%
Blood Pressure			BMI		
Normal	16	31.4	Healthy weight	26	51.0
Pre-hypertension	25	49.0	Overweight	14	27.5
Stage 1 hypertension	6	11.8	Heavily overweight	11	21.6
Stage 2 hypertension	3	5.9	Sugar		
Stage 3 hypertension	1	2.0	Normal	37	72.5
			Pre-diabetis	12	23.5
			Diabetis	2	3.9

Regarding the perception of their level of well-being, the participants registered in agreement with their well-being, indicating "high" well-being ($M=3.23$, $SD=0.460$). However, there are items where some participants claimed disagreement, meaning "low" well-being, such as if they could live their life again, one-third stated their disagreement, 11.4% refuted that their conditions are excellent, 10% are in a dispute that their life is close to ideal. Lastly, 5.7% dissented that they have achieved all the essential things they want in life. Eight participants confessed to having a problem with their well-being based on the frequency counts of the four indicators of subjective well-being.

Overall, the participants' state of happiness is very high ($M=3.39$, $SD=0.391$). The most remarkable indicator of happiness is "being" religious ($M=3.80$, $SD=0.566$), while the least distinctive hands are engagement in exercise ($M= 3.00$, $SD=0.894$) and recreational pursuits ($M=3.00$, $SD=0.663$). Most participants

affirmed that they live in a democratic community that respects civil rights and freedom of speech (70%). There are 2 to 16 participants that registered frequency count of disagreement in varying degrees on the ten indicators of happiness.

Table 2. Perceptions of OFWs on their well-being and happiness

Categories	Indicators	n=51	SD	D	A	SA	Mean	SD	Verbal Interpretation
Subjective Well-Being (Diener, Lucas, & Oshi, 2002)							3.23	0.460	Agree/high
	1. In most ways my life is close to ideal.	f	1	6	29	15	3.14	0.693	Agree/high
		%	1.4	8.6	41.4	21.4			
	2. The conditions of my life are excellent.	f		8	26	17	3.18	0.684	Agree/high
		%		11.4	37.1	24.3			
	3. I am satisfied with my life.	f			23	28	3.55	0.503	Strongly Agree/Very high
		%			32.9	40.0			
	4. So far, I have gotten the important things I want in life.	f		4	26	21	3.33	0.622	Strongly Agree/Very high
		%		5.7	37.1	30.0			
	5. If I could live my life again, I would change almost nothing.	f	2	15	17	17	2.96	0.894	Agree/High
		%	2.9	21.4	24.3	24.3			
Happiness Index (Albuquerque, 2016)							3.39	0.391	Strongly Agree/Very high
	7. I am happily married /single.	f	1	5	13	32	3.49	0.758	Strongly Agree/Very high
		%	1.4	7.1	18.6	45.7			
	8. I am optimistic extrovert.	f			11	40	3.78	0.415	Strongly Agree/very high
		%			15.7	57.1			
	9. I am having an active social life with a network of good social support.	f	3	6	20	22	3.20	0.872	Agree/high
		%	4.3	8.6	28.6	31.4			
	10. I feel fulfilled at work.	f		3	24	24	3.41	0.606	Strongly Agree/very high
		%		4.3	34.3	34.3			
	11. I am religious.	f	1	1	5	44	3.80	0.566	Strongly Agree/very high
		%	1.4	1.4	7.1	62.9			
	12. I enjoy active recreational pursuits	f	2	14	17	18	3.00	0.894	Agree/high
		%	2.9	20.0	24.3	25.7			

13. I exercise regularly and feels that I am in good health.	f		11	29	11	3.00	0.663	Agree/high
	%		15.7	41.4	15.7			
14. I have likely met my basic needs.	f		7	27	17	3.20	0.664	Agree/high
	%		10.0	38.6	24.3			
15. I live in a democratic community which respects civil rights and freedom of speech.	f		2	13	36	3.67	0.554	Strongly Agree/Very high
	%		2.9	18.6	51.4			

In terms of the association of OWFs' subjective well-being and state of happiness with demographic and health profile, findings only show a positive association between the participants' well-being and their blood pressure (Chi-square=22.006, df=8, p-value =.005) and between participants' well-being, and their years of stay in Hongkong (Chi-square=27.723, df=12, p-value=.0006). Those participants with high subjective well-being tend to have better readings of their blood pressure than those who registered otherwise. Also, there is the likelihood that those with high well-being tend to prolong their stay in Hongkong, and those who stay for long periods have high well-being. Notably, 17 participants (24%) dissented that they would change nothing if they could live their lives again. It indicates that there are things they could wish to change for the better.

Table 3. Association between participants' subjective well-being and demographics and health profile

Categories	Demographics and health profile	Chi-square Value	df	p-value	Decision	Interpretation
Subjective Well-being						
	Age	10.447 ^a	8	0.235	Failed to reject Ho	No association
	Gender	1.345 ^a	2	0.511	Failed to reject Ho	No association
	Civil Status	10.041 ^a	14	0.759	Failed to reject Ho	No association
	Education status	9.704 ^a	10	0.467	Failed to reject Ho	No association
	Monthly Income	7.586 ^a	10	0.669	Failed to reject Ho	No association
	Years in Hongkong	27.723 ^a	12	0.006	Reject Ho	Association
	BMI	6.958 ^a	4	0.138	Failed to reject Ho	No association
	Blood Pressure	22.006 ^a	8	0.005	Reject Ho	Association
	Sugar	.778 ^a	4	0.941	Failed to reject Ho	No association

Concomitantly, there is an association between the participants' state of happiness and their body mass index (BMI) and blood pressure. It was observed that the higher the happiness index of the participants, the lower their hypertension and the healthier they become based on their body mass index. They tend to be physically fitter than those registered with a low level of happiness.

Table 4. Association between participants' happiness index and demographics and health profile

Categories	Demographics and health profile	Chi-square Value	df	p-value	Decision	Interpretation
Happiness Index	Age	6.036 ^a	8	0.643	Failed to reject Ho	No association
	Gender	.714 ^a	2	0.700	Failed to reject Ho	No association
	Civil Status	11.119 ^a	14	0.677	Failed to reject Ho	No association
	Education status	9.641 ^a	10	0.473	Failed to reject Ho	No association
	Monthly Income	8.873 ^a	10	0.544	Failed to reject Ho	No association
	Years in Hongkong	13.341 ^a	12	0.345	Failed to reject Ho	No association
	BMI	10.468 ^a	4	0.033	Reject Ho	Association
	Blood Pressure	30.844 ^a	8	0.000	Reject Ho	Association
	Sugar	1.264 ^a	4	0.867	Failed to reject Ho	No association

There exists a positive correlation between OFWs' well-being and happiness index ($r=.645$, $p\text{-value} > .05$). It is most likely that when the participants' well-being increases, their happiness index also rises, vice versa. Likewise, as their state happiness increases, this is also true with their level of well-being. Figure 1 reveals such a positive linear trend of correlation.

Table 5. Relationship between subjective well-being and happiness index

Variables	r	p-value	Decision	Interpretation
Subjective well-being and Happiness Index	.645**	0.000	Reject Ho	Positive Correlation

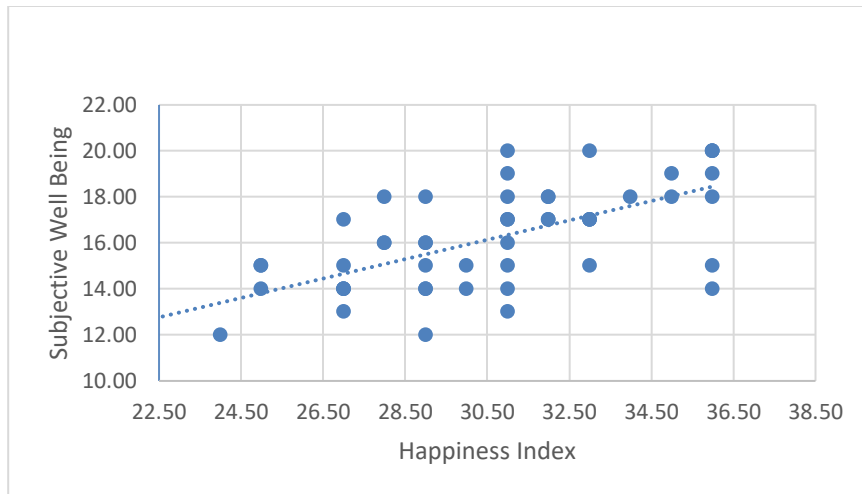


Figure 1. Scatter Plot Describing the Positive Relationship between OWFs Subjective Well-being and Perceived Happiness

Based on the focus group discussion (FGD) (with 33 participants), 27% dream of having a decent house at home for their family and better health. However, two in every ten wishes to have financial stability. The typical self-image of OFWs is loving, friendly, and forgiving (28%). Of the 32 participants, 16% describe themselves as simple, while 13% claim a strong personality. Of the 30 participants who shared their insights, seven in every ten considered the family the most valued thing in their lives, while six (20%) mentioned God, and only three thought the self the most treasured item. The worst fear of OFWs is getting a grave illness while working in Hongkong (n=10, 31%). The death of a loved one and losing the family came second and third, respectively.

Of the 21 participants who shared their insights, being with their families was the happiest moment (67%). At the same time, fourteen percent considered their marriage one of the happiest moments in their lives. In comparison, ten percent consider having a good employer and engaging in community service as the most

joyful moments. Four in every ten participants feel the loss of a family member or loved one as the saddest moment, followed by homesickness (17%) and the failure to be with their children (17%), especially with the parents.

Table 6. *Participants' dreams, self-image, most valued, worst fears, happiest and saddest moments*

Category	f	%	Category	F	%
Dream			Worst fear		
welness	9	27%	grave illness	10	31%
ambition	3	9%	losing the family	6	19%
house	9	27%	employment-related	3	9%
children's education	3	9%	death of family love ones	4	13%
family finance	6	18%	alone	1	3%
family love	2	6%	broken family	2	6%
God	1	3%	family financial problem	2	6%
n=	33	100%	separation from God	3	9%
Self-image			unfulfilled dreams	1	3%
simple	5	16%	n=	32	100%
loving, friendly and forgiving	9	28%	Happiest moment		
generous	3	9%	memorable moments with the family	14	67%
with strong personality	4	13%	having a good employer	2	10%
joyful and happy	3	9%	married life	3	14%
prudent, obedient, good	3	9%	engaging in community service	2	10%
God-fearing	2	6%	n=	21	100%
hardworking	1	3%	Saddest moment		
sad	2	6%	loss of a love one/family	10	42%
n=	32	100%	depression/homesickness	4	17%
Most valued			employment problem	2	8%
God	6	20%	failure to be with the children	4	17%
Self	3	10%	sick family member	3	13%
Family	21	70%	adultery of the spouse	1	4%
n=	30	100%	n=	24	100%

DISCUSSION

The promotion of health welfare is an important priority area of the Philippine government, as reflected in the many policies enacted. The right to health is a fundamental right of every OFW; thus, it is given attention by the government through different mandated sectors such as OWWA, POEA, and other NGOs. This is the first concept of wellness that is explored in the study.

In the health assessment case of the 51 OFWs in Hongkong who are domestic helpers, results show that two in every ten are hypertensive, almost 50% are overweight, 4% are diabetic, and 24% are pre-diabetic. These three fundamental health indicators may impact the work performance of these OFWs in delivering their tasks and may have detrimental effects on their employment status in the future. Seeking a medical check-up in Hongkong is very costly for a regular OFW with a wage of 4,000 to 5,000 HK dollars. Still, the Philippine government should give such disturbing health indicators the utmost importance through varied support groups. Medically speaking, hypertension increases the probability of stroke and dementia in most people (Pires, Ramos, Matin, & Dorrance, 2013). On the one hand, a very high BMI results or obesity (overweight) delivers a greater chance of suffering from cardiovascular diseases (Erlichman, Kerbey, & James, 2002), while the prevalence of diabetes may cause health complications and comorbidities in patients (Zhao, Boye, Holcombe, Hall, & Swindle, 2010).

In the current case study, all of the 20% of OFWs registered in their 50s have hypertension. Such conditions can propel a probable impact on their health-related quality of life [HRQOL] (Didem, Unal, Alaettin, & Mustafa, 2008). On the one hand, the middle-aged group (40-50 years old) may have better HRQOL despite having a higher body mass index (Xu, Rao, Y., Shi, Liu,

Chen, & Zhao, 2016). With the 98% female OFWs in the case study, their BMI data are not easy to interpret because women, according to a study, are less active, and the relationship with physical activity is usually less clear (Erlichman, Kerbey, & James, 2002). Studies show that vigorous activity is related to weight stability, allowing a higher intensity of exercise for regular activities and cutting the time needed for attaining healthy BMI results (Erlichman, Kerbey, & James, 2002). Implications from these indicators vary; however, the need for environmental and work policies in Hongkong on fitness and wellness support a more active workforce that may result in cardiovascular benefits and avoid unnecessary, unhealthy weight gain, among others.

In terms of the general assessment of their well-being and happiness, results show a "high" subjective well-being and a very high happiness index among OFWs, especially women. OFWs in Hongkong tend to like working in a foreign land. Hongkong is considered "a home away from home." To decide to work abroad is necessary to many OFWs whose economic status falls below the poverty line, but staying for a long time is a matter of choice, especially for those who have exceeded ten years (n=27).

Findings show that six in every ten have been there for 11 years and over. The years of stay in Hongkong are positively associated with their subjective well-being despite being away from their relatives and families. Likewise, the health indicator of good blood pressure is also linked with their well-being, and the body mass index is associated with their happiness. This supports the studies that show that longevity and health are linked to a person's subjective well-being (Diener & Chan, 2011; Ringle, Ingram, & Thompson, 2010; Gerdtham & Johannesson, 2001).

Demographic profiles such as age, sex, civil status, education, and monthly income did not link to subjective well-being

or happiness through a chi-square test of independence. Moreover, the glucose index, one of the health indicators, did not associate with the two constructs. These results confirm a study that states that demographic factors such as age, sex, and education had little or no effect on wellness depending on the case group (Argyle, 1999). Many would claim that people with diabetes have a worse quality of life than people with no chronic illness. In the case at hand, glucose intake has no link to wellness; this result is remotely supported by a previous study that claims that the duration and type of diabetes are not consistently associated with quality of life (Rubin, & Peyrot, 1999). Moreover, clinical and educational interventions studies suggest that improving a person's health status and perceived ability to control the disease enhances the quality of life. Health centers in Hongkong may assure OFWs in improving and gaining positive health outcomes.

Generally, OFWs in Hongkong are satisfied with their lives. Among the five indicators of subjective well-being, satisfaction with one's life garnered the highest rating. However, the hypothetical indicator "If I could live my life again, I would change almost nothing", scored the lowest rating, which indicates the human factor, that there are still things OFWs wish to change for the better, given the opportunity to rewind the clock. Nonetheless, the mean rating still reads a high sense of subjective well-being. However, besides wellness, the highest distribution on the ultimate dream that emerged in the focus group discussion indicates their longingness to have personal space, which is to build a house which they can call it home – the concept of "a house for every Filipino" (Valte, 2013), as enunciated by the sustainable development goals of the Philippine government (Calzado, 2007).

Just as the Philippine government considered the welfare and protection of OFWs as its priorities, the Hongkong government seemed to have provided the necessary workplace and spaces to

promote well-being for overseas workers. Such assessment, however, does not fully support the study of Tillu (2011), which describes the difficulty for Filipino domestic workers to gain spatial empowerment. In their maters ' domicile, the need for space among foreign migrant populations, most notably during Sundays, is still problematic. As observed, OFWs occupy public spaces in many migrant cities, such as Hongkong, and return each week to the same spots has created a temporary "city within a city." Many local citizens perceive this form of "colonization" as a major problem, causing enmity between local citizens, the government, and foreign workers (Tillu, 2011). To the mind of an OFW, the domicile built at home where ownership affirms and lifts the identity of every Filipino provides dignity and well-being.

Many OFWs have social support groups that help them carry the burdens and survive life's many challenges and struggles. One of them is the Filipino community, where they experience the loving concern of the members. It is within this community where the need for a wellness program becomes alive.

Despite the many struggles and challenges in working abroad, OFWs continuously stand up beyond the country's borders and make a name out of themselves with their national identity now coined as global citizens (Estillore, 2015). Such labor migration became a foreign policy priority for the Philippine government, redefining Filipino Citizenship.

This case study has several limitations where findings cannot be generalized because of few participants -Catholic OFWs. The survey could have been more inclusive if it had been extended even to non-Catholic OFWs. The instrument may include other socio-economic-health variables of interest not found in the study. New theories on happiness and well-being may be introduced to provide relevant and extended information on the phenomenon. An

in-depth interview with OFWs who stayed in Hongkong for more than 30 years may be conducted to obtain relevant information on the diaspora phenomenon vis-a-vis well-being.

It is recommended that a sustainable health and wellness program for the OFWs be established and integrated into the Philippine government's current programs, ensuring the protection of their rights and promoting their well-being, especially among women. Non-government organizations and private higher education institutions in the Philippines can engage in cooperative ties with migrant workers with government agencies and NGOs in Hongkong and other countries to support and sustain the programs.

REFERENCES

- Angner, E., Ray, M. N., Saag, K. G., & Allison, J. J. (2009). Health and happiness among older workers: A community-based study. *Journal of Health Psychology*, 14(4), 503–512.
- Argyle, M. (1997). Is happiness a cause of health? *Psychology & Health*, 12(6), 769–781.
- Argyle, M. (1999). Causes and correlates of happiness. In D. Kahneman., E. Diener & N. Schwarz (Eds.), *Well-being: The foundations of Hedonic psychology* (pp. 353–371). New York, NY: Russel Sage Foundation
- Bangko Sentral ng Pilipinas (2018), Overseas Filipinos' Cash Remittances: By Country, By Source, <http://www.bsp.gov.ph/statistics>
- Ballas, D., & Tranmer, M. (2012). Happy people or happy places? A multilevel modelling approach to the analysis of happiness and well-being. *International Regional Science Review*, 35(1), 70–102

- Boehm, J. K., & Lyubomirsky, S. (2008). Does happiness promote career success? *Journal of Career Assessment*, 16(1), 106–116.
- Brinkerhoff, J. M. (2006). Diasporas, Skills Transfer, and Remittances: Evolving Perceptions and Potential. ADB. 9-34
- Calzado, R. J. (2007). Labour migration and development goals: the Philippine experience. *International Dialogue on Migration*, 8.
- Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, 3(1), 1-43.
- Diener, E., Lucas, R. E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction. *Handbook of positive psychology*, 2, 63-73.
- Didem, A., Unal, A., Alaettin, U., & Mustafa, T. (2008). Prevalence of hypertension among individuals aged 50 years and over and its impact on health related quality of life in a semi-rural area of western Turkey. *Chinese medical journal*, 121(16), 1524-1531.
- Erlichman, J., Kerbey, A. L., & James, W. P. T. (2002). Physical activity and its impact on health outcomes. Paper 2: Prevention of unhealthy weight gain and obesity by physical activity: an analysis of the evidence. *Obesity reviews*, 3(4), 273-287.
- Gerdtham, U. G., & Johannesson, M. (2001). The relationship between happiness, health, and socio-economic factors: results based on Swedish microdata. *The Journal of Socio-Economics*, 30(6), 553-557.
- Kim, Eun Mee. 1999. *The Four Asian Tigers: Economic Development & the Global Political Economy*. 1st ed. Emerald Group Publishing Limited, January 15.

- Koh, Cha-Ly. 2009. The Use of Public Space by Foreign Female Domestic Workers in Hong Kong, Singapore, and Kuala Lumpur. MIT, June.
- Nath, P., & Pradhan, R. K. (2012). Influence of positive affect on physical health and psychological well-being: Examining the mediating role of psychological resilience. *Journal of Health Management*, 14(2), 161–174.
- Maltby, J., Day, L., & Barber, L. (2005). Forgiveness and happiness: The differing contexts of forgiveness using the distinction between hedonic and eudaimonic happiness. *Journal of Happiness Studies*, 6(1), 1–13.
- Mogilner, C. (2010). The pursuit of happiness: Time, money, and social connection. *Psychological Science*, 21(9), 1348–1354.
- Pires, P. W., Dams Ramos, C. M., Matin, N., & Dorrance, A. M. (2013). The effects of hypertension on the cerebral circulation. *American Journal of Physiology-Heart and Circulatory Physiology*, 304(12), H1598-H1614.
- Proctor, C., Maltby, J., & Linley, P. A. (2011). Strengths used as a predictor of well-being and health-related quality of life. *Journal of Happiness Studies*, 12(1), 153–169
- Reyes, Melanie. "Migration and Filipino Children Left-behind: A Literature Review." UNICEF. (2007): n. page. Print.
- Ringle, J. L., Ingram, S. D., & Thompson, R. W. (2010). The association between length of stay in residential care and educational achievement: Results from 5-and 16-year follow-up studies. *Children and Youth Services Review*, 32(7), 974-980.
- Rubin, R. R., & Peyrot, M. (1999). Quality of life and diabetes. *Diabetes/metabolism research and reviews*, 15(3), 205-218.

- Salaverria, L. B. (2012). Philippines remains one of most corrupt countries—survey. *Philippine Daily Inquirer*. From <https://globalnation.inquirer.net/58823/philippines-remains-one-of-most-corrupt-countries-survey>
- Smith, D. M., Langa K. M., Kabeto, M. U., & Ubel, P. A. (2005). Health, wealth, and happiness: Financial resources buffer subjective well-being after the onset of a disability. *Psychological Science*, 16(9), 663–666
- Solomon, M. S., & Eden, A. (2010). Beyond ‘Push and Pull’: Rethinking Medical Migration from the Philippines. In *Preuzeto sa: http://www. umdcipe.org/conferences/Maastricht/conf_papers/Papers/Rethinking_Medi cal_Migration_from_the_Philippines. pdf*.
- Su, Y., & Mangada, L. (2018). “A Tide that Does Not Lift All Boats: The Surge of Remittances in Post-Disaster Recovery in Tacloban City, Philippines.” *Critical Asian Studies*, 50(1), 67-85.
- Tadic, M., Oerlemans, W. G. M., Bakker, A. B., & Veenhoven, R. (2012). Daily activities and happiness in later life: The role of work status. *Journal of Happiness Studies*, 14(5), 1507–1527.
- The World Bank (2018). Record High Remittances Sent Globally in 2018. From <https://www.worldbank.org/en/news/press-release/2019/04/08/record-high-remittances-sent-globally-in-2018>
- Tillu, J.S. (2011). *Spatial Empowerment: The Appropriation of Public Spaces by Filipina Domestic Workers in Hong Kong*. Department of Urban Studies and Planning. MIT.
- Veenhoven, R. (2008). Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. *Journal of Happiness Studies*, 9(3), 449–469

World Health Organization (WHO). (2011). WHO definition of Health. Retrieved from: <http://www.who.int/about/definition/en/print.html>

Xu, X., Rao, Y., Shi, Z., Liu, L., Chen, C., & Zhao, Y. (2016). Hypertension impact on health-related quality of life: a cross-sectional survey among middle-aged adults in Chongqing, China. *International Journal of Hypertension, 2016*. A House for Every Filipino: A Pipe Dream in the Land of Promises.

Zhao, Y., Ye, W., Boye, K. S., Holcombe, J. H., Hall, J. A., & Swindle, R. (2010). Prevalence of other diabetes-associated complications and comorbidities and its impact on health care charges among patients with diabetic neuropathy. *Journal of Diabetes and its Complications, 24*(1), 9-19.

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