

SNIPPET

CUTTING-EDGE APPLIED RESEARCH



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EDITOR'S NOTE

by Dr. Rosaleen Ow (Reviewing Editor)

The United Nations' umbrella theme for the International Day for the Eradication of Poverty 2022 (IDEP) designated for 17 October is 'Dignity For All In Practice'. Issue 3 of Snippet 2022 is published in conjunction with IDEP 2022.

First, it contains a concept paper by Nurul Fadiyah Johari which takes a critical look at what constitutes 'poverty'. The paper argues that poverty is more than financial lack but includes 'time poverty', a concept more crucial for the socially and economically disadvantaged. A condition that results from systemic forces and is not just a consequence of individual behavioural characteristics.

The second article by Huzaifah bin Hassan, conducted under the SSR Research Mentoring Programme, takes a look at the lived experiences of sleep among caregivers of socio-economically disadvantaged families in Singapore. Using the Photovoice approach as part of data collection, the findings are a triangulation of different data sets including that from semi-structured zoom interviews. The study methodology aimed at protecting the privacy and autonomy of respondents on a sensitive and private subject. The study's conclusion points to the need to understand the nature and implications of sleep poverty among this group of respondents linked to the Person In Environment (PIE) framework. Sleep poverty is more than a consequence of individual behavioural characteristics but includes other family, environmental and systemic factors that will have adverse implications for the development of such families and their children in the future.

This Issue focusing on a different concept of poverty is a 'must read' for community practitioners wanting to work on deeper issues related to practice with the socially and economically disadvantaged.

Time Poverty and its Impact on Rest among People Living in Poverty

by Nurul Fadhah Johari, Research Executive, NUS Social Service Research Centre

Keywords: Time poverty, rest deprivation, poor sleep, critical discourse analysis, low wage workers

Introduction

Singaporeans are said to be sleep-deprived based on some surveys done,¹ and this situation has worsened since the outbreak of the COVID-19 pandemic.² In the mainstream media, the discussion of this issue usually revolves around individual behaviours such as working too much and the excessive use of technology, and as a consequence, sleep deprivation occurs and causes individual health issues. The topic of rest and sleep is certainly an important aspect of ongoing conversations on mental health and wellbeing. While the increasing awareness of issues such as burnout and overwork is crucial, these discussions often disregard the systemic aspects of rest and sleep deprivation.

In this paper, using critical discourse analysis (CDA), I am arguing that this issue of sleep and rest deprivation is a systemic issue rather than an individual or behavioural one. I am looking into the aspect of time poverty and its impact on rest and wellbeing among people living in poverty. This paper is part of a larger study on In-work Poverty and the Challenges of Getting by among the Young. (Ng et al., 2019) Time poverty is one of the poverties being studied in the research project. It is found that during the pandemic, many people have been working longer hours and are getting less sleep. However, I would like to examine how this issue impacts low wage and precarious workers more disproportionately. The question of rest and sleep deprivation is important in discussions on well-being. It is found that sleep is absent from work-life balance debates and has remained largely under-researched by sociologists. (Chatzitheochari and Arber, 2009: 30) Sleep and rest deprivation should be seen as a significant consequence of poverty, which is often not discussed in mainstream discourse on poverty and the wellbeing of people living in poverty.

Through critical discourse analysis (CDA), we find that the dominant discourse on sleep deprivation does not pay enough attention to class dynamics and how this impacts the access to and quality of sleep. While perpetuating narratives of resilience and hard work among people in poverty, we often do not address the issue of rest deprivation and how this affects their long-term physical and mental well-being. By employing methods of CDA, I am discussing the concept of time poverty as a way to highlight this issue of rest and sleep deprivation as a socioeconomic and systemic issue and why it is an issue to be concerned about.

Contemporary discussions on over-working and rest deprivation

In the US context, the issue of time poverty and rest deprivation are also tied to the precarious nature of poor work. It is said in this article that “while anxiety about taking time off affects a lot of workers, some experience more tangible consequences than others. For gig workers or contract workers, taking a break can literally mean loss of income; for those in service work,

¹ See here: <https://cnalifestyle.channelnewsasia.com/wellness/singapore-most-fatigued-country-world-we-are-tired-278311>

² See here: <https://cnalifestyle.channelnewsasia.com/wellness/sleep-tips-insomnia-singapore-philips-global-survey-237866>

the loss of a shift or tips can be detrimental; even those working some version of 9-to-5 jobs that allow for remote work feel the fear that comes from knowing their jobs may not exist shortly — or that they're inherently replaceable.”³ Part of precarious work is how easily one may lose their source of income. In this case, there is a risk of the loss of income if one takes a break, in gig jobs where how much one earns is tied to how many hours of work they put in. In this sense, taking a break is not an option for precarious, low-wage workers.

A similar trend can be observed in our local context. It is important to consider how working long hours has been normalised in our local context. Shift workers, for example prime mover drivers at the PSA ports work up to 12 hours per shift, alternating between morning and night shifts and with 1 to 2 days off. For gig or platform workers, such as food delivery riders, they sometimes work up to 16 hours a day. This is not to mention the various safety risks that they face while working.⁴ There also has been more interest in the media in discussing the issue of overworking and lack of work-life balance in Singapore. For instance, a Channel NewsAsia article in 2019 reveals that Singapore was among the bottom 10 for work-life balance and ranked the second most overworked city in a study of 40 cities.⁵ Another article showcased some findings from a survey by health service company Cigna about how sleep-deprived Singaporean workers are among the most stressed globally.⁶ This issue of over-working, poor work-life balance and sleep deprivation is clearly of importance to our contemporary society and there needs to be more critical studies about it.⁷

It is thus important to examine how these narratives are framed. When discussing the lived realities of low-wage workers, do we only applaud their hard work and resilience? At the same time, we also need to consider the systemic nature of burnout and exhaustion, which is often faced by people working in low-wage but physically and mentally demanding jobs. For many of these workers, taking the day off is not really an option. In short, many people, especially those who are struggling in poverty, cannot afford to rest. Rest and leisure, which are crucial to one's wellbeing, are not options for people who are living in impoverished conditions. As such, rest and sleep deprivation should be examined as a systemic issue as well, rather than just an individual or behavioural issue. This is a discourse that needs to be adopted in the broader societal conversations on well-being. To rest more and not to work is not a choice for people who are working on low-wage work, such as single mothers who need to juggle their paid work and care work without adequate support. Thus, in order to advocate for people to be able to rest, we need to discuss time poverty and how this is shaped by our current economic and socio-political system.

Application of critical discourse analysis (CDA) as a method

Critical discourse analysis (CDA) can be defined as “being fundamentally interested in analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language... CDA aims to investigate critically social inequality as it is expressed, constituted, legitimized, and so on, by language use (or in discourse).” (Wodak and Meyer, 2009: 10) Applying CDA is a useful tool to help us unpack and critique dominant discourses. Through CDA, we can redefine the definitions of social issues, highlight marginalised narratives and centre the voices of marginalised and vulnerable communities. The goal is to shift the power imbalance in favour of marginalised

³ See here: <https://www.nbcnews.com/think/opinion/new-year-same-work-anxiety-how-capitalism-makes-work-life-ncna1252616>

⁴ See here for insights on food delivery work: <https://www.todayonline.com/big-read/big-read-faced-fatigue-and-rush-meet-orders-food-delivery-riders-grapple-daily-road-safety-risks-1945221>

⁵ See here: <https://www.todayonline.com/singapore/singapore-ranks-32-out-40-work-life-balance-second-most-overworked-city>

⁶ See here: <https://www.todayonline.com/singapore/sleep-deprived-singaporean-workers-among-most-stressed-globally-survey>

⁷ There are not many academic studies which focus on this issue at this point. The Ministry of Manpower (MOM) has released an article in March 2022 about overworking in Singapore and said that “the increased provision of FWAs as well as the adoption of a hybrid WFH-office model, has led to Singapore's reduced usual hours worked as well as average weekly paid overtime hours worked, with a likely increase in productivity.” However, the hybrid WFH-office model does not apply to most low-wage workers who still need to work long hours and on-site due to the nature of their jobs. See MOM's article here: <https://stats.mom.gov.sg/Pages/Is-Singapore-overworked.aspx>

groups. The purpose of CDA is to address power imbalances in the construction of dominant and public knowledge on a particular issue in society, as well as how they are framed and for what ends.

The selection and diagnosis of problems is very important when engaging with CDA methods. Van Dijk (1993: 252) points out cogently that “critical discourse analysts (should) take an explicit sociopolitical stance: they spell out their point of view, perspective, principles and aims, both within their discipline and within society at large. Although not in each stage of theory formation and analysis, their work is admittedly and ultimately political. Their hope, if occasionally illusory, is change through critical understanding. Their perspective, if possible, that of those who suffer most from dominance and inequality. Their critical targets are the power elites that enact, sustain, legitimate, condone or ignore social inequality and injustice.” In the case of sleep deprivation, the application of CDA on the dominant discourses of this issue aims to move the discussion away from individualised and behavioural narratives, and to examine the power structures that perpetuate this issue. The ongoing discourses on sleep deprivation, as we will see below, do not discuss how people living in poverty are more likely to struggle with sleep deprivation due to their socio-economic disadvantages.

Discourse on sleep deprivation in the mainstream media

Several 2018 Channel NewsAsia commentaries⁸ and YouGov surveys highlighted the issue of how Singaporeans are lacking sleep and how Singapore is one of the most sleep-deprived nations in the world. This has been an ongoing discussion in the media, and the issue has resurfaced since the pandemic occurred. In the 2022 YouGov sleep survey, it was found that only one in four people in Singapore (27%) have an ideal sleep cycle (of 7 hours or more).⁹ It was also found from the survey that “While 3 per cent of those surveyed get less than four hours of sleep a night, those drawing a lower income appeared to be more badly affected - 6 per cent of Singaporeans with a household income of less than \$4,000 a month said they get less than four hours of sleep each night.”¹⁰

Despite highlighting this finding, these articles do not address the class dimension to the issue, in terms of how low income households are more likely to sleep less or have poor sleep due to their socio-economic conditions. They also did not illustrate how sleep deprivation is a systemic issue, rather than a matter of individual choice or behaviour. This issue is discussed more in terms of its health impacts¹¹, which is certainly crucial, but it does not examine deeper why Singaporeans are sleep-deprived and who amongst Singaporeans are more likely to suffer from poor sleep.

One of the commentaries¹² on this issue highlighted a study which pointed that “the leading causes of disease and death in developed nations – heart disease, obesity, dementia, diabetes, and cancer – all have causal links to a lack of sleep.”¹³ However, the issue of sleep deprivation is hardly addressed in public health campaigns in Singapore such as the “war on diabetes”, which is often just attributed to poor diet and lifestyle choices such as lack of exercise. These campaigns are also racialised through the targeting of ethnic minorities in culturally-specific campaigns.¹⁴ The issue of sleep deprivation is not

⁸ There are a few commentaries discussing this issue. This is one example: <https://www.channelnewsasia.com/commentary/sleep-deprivation-singapore-work-study-long-hours-insomnia-915446>

⁹ See here: <https://sg.yougov.com/en-sg/news/2022/03/18/singaporeans-would-sleep-least-seven-hours-only-qu/>

¹⁰ See here: <https://www.straitstimes.com/singapore/health/survey-finds-4-in-10-singaporeans-not-getting-enough-sleep-but-those-above-55-sleep>

¹¹ For example, see here: <https://www.healthhub.sg/live-healthy/1034/sleep-deprivation>

¹² <https://www.channelnewsasia.com/commentary/sleep-deprivation-singapore-work-study-long-hours-insomnia-915446>

¹³ The study cited is in the book *Why We Sleep* by Matthew Walker (2017)

¹⁴ An example of a public health campaign that specifically targets the Malay-Muslim community on the issue of diabetes is the “*Kita Dah Cukup Manis*” (Trans: We are sweet enough) campaign. See here: <https://www.straitstimes.com/singapore/campaign-reminds-public-to-watch-sugar-intake-quit-smoking-during-ramadan-and-hari- raya>. Another form of racialised public health initiative is to develop workgroups which specifically target the Malay and Indian communities to address ethnic health disparities. See here: <https://www.todayonline.com/singapore/new-workgroup-improve-health-malays-and-indians-close-significant-disparities-outcomes>

yet taken up seriously as a public health issue, which is to be tackled at a structural level. To do so, we need to consider issues such as long working hours and not having enough rest days as areas of concern.

Discussions on poverty and rest deprivation

People living in poverty and are in low wage or precarious jobs are more likely to work long hours, so they are less likely to get adequate and quality sleep. This also includes working multiple shifts at irregular hours which disrupts their sleep patterns and affect their quality of sleep in the long run. They also have poorer living conditions due to cramped housing, living in precarious housing arrangements or facing homelessness. Some studies in the US also discuss the problem of sleep disparities among different ethnic groups.¹⁵ It is found that ethnic minorities are more likely to have poor sleep which affects their health and well-being due to poverty, long working hours in physically demanding jobs, having high levels of financial/personal stress, poor nutrition and poor mental health.

One way to make sense of the issue of rest deprivation among people living in poverty is through the concept of time poverty. In their study of time poverty among poor workers in Guinea, Bardasi and Wodon (2010) define “time poverty” as “the need to spend long hours working (in either the labour market or domestic work) because the alternative would be (even deeper) consumption poverty. This approach recognises that poverty is multidimensional and that lack of time aggravates consumption or income poverty.” (Bardasi and Wodon, 2010: 45) They also elaborate that time poverty is “poverty for people who have no choice but to work long hours: we define as “time poor” only those individuals who work long hours and belong to households that are poor or would become poor if the individuals were to reduce their working hours up to the time-poverty line. The idea is to discriminate between those individuals who work long hours and yet are consumption poor (they have no choice but to work long hours when this is the only way to generate enough earnings in order not to be income or consumption poor, or at least to be less poor) from those who work long hours but are definitely above the consumption poverty line and are therefore less constrained.”

It is important to note that Bardasi and Wodon (2010) are focusing on those who are time poor as a consequence of consumption poverty. This means that they do not have the options or resources to alleviate their experience of time poverty. Some would point that the wealthy are also time poor due to working long hours. This is found in discourses glorifying ‘hustle culture’, workaholism and overtime work. However, the difference is that the wealthy are not consumption poor and would not fall into poverty if they work less. They also have the means to alleviate time constraints such as employing personal assistants and domestic workers to provide for their domestic needs. For many people who do not have such privileges, domestic work is performed as unpaid labour. A lot of the literature on time poverty also centre on the time poverty faced by women, due to the amount of unpaid domestic work they have to do, on top of paid work. For instance, Hyde et al (2020: 3) examine the broad literature on the health and economic impacts of time poverty on women.

Bardasi and Wodon (2010: 50) further highlight that “unlike consumption or income, about which economists assume that “more is better,” time is a limited resource: more time spent working in paid or unpaid productive activities means less leisure, and therefore higher “time poverty.” To be more precise, in previous work we defined time poverty as the fact that some individuals do not have enough time for rest and leisure after taking into account the time spent working, whether in the labor market, performing domestic work, or carrying out other activities such as fetching water and wood (Bardasi and Wodon 2006).” This is a crucial impact of time poverty, which is that people who are both income and time poor do not have

¹⁵ The discussion of ethnic sleep disparities can be found here: <https://www.sleepfoundation.org/how-sleep-works/whats-connection-between-race-and-sleep-disorders>

sufficient time for rest and leisure. This certainly has long-term consequences on their overall wellbeing, in terms of both their physical and mental health.

There are many studies which examine the negative impacts of time poverty. Giurge et al (2020: 993) point that “in terms of the psychological impacts of time poverty, recent scientific evidence provides compelling evidence that feeling time-poor can adversely affect subjective well-being (for example, life satisfaction, positive affect), mental health, work performance, creativity and relationship quality.” Other impacts of time poverty include decreased physical activity and the increase of physical and mental health issues such as hypertension, depression and experiences of negative moods. (Ibid, 995) Conversely, in the field of social psychology, there is a growing body of literature which shows that people who are more time-affluent experience greater psychological wellbeing. (Ibid, 993)

At the broader systemic level, we can also see the problem of rest deprivation as a consequence of a hyper-capitalist and highly technologised world, with ever-increasing connectivity. This disrupts the boundaries between day and night, and consequentially, on work and rest. Schaffner (2016: 337) discusses the work of Crary (2013) who illustrates how the present form of capitalism perpetuates over-working: “He uses “24/7” as shorthand for the core evils of the techno-global capitalist machinery, especially for the process of incessant consumption and production of goods made possible by non-stop Internet commerce and connectivity. We can now shop 24 hours each day, no matter where we are, as online trade never sleeps. What is worse, it is of course the late-capitalist workforce that has to keep this process going. As a consequence, the demands on workers have intensified: we are expected to be continuously connected and productive, in synchronicity with the non-stop networks of global trade, which also, of course, double as instruments of surveillance.”

In relation to this paper’s discussion of people who face income and time poverty, the rise of the technologised hyper-capitalist economy through e-commerce platforms also sees the rise of precarious and laborious work in the logistics sector. Many of these workers, who either work in the warehouses or deliver goods, work long hours for low wages. Their labour is also easily replaceable and they are often placed on short-term contracts with little to no benefits. These workers lack labour protection and end up facing time and income poverty due to their precarious employment. The outbreak of the pandemic and the ensuing lockdown situations have sped up the development of e-commerce, as well as the burgeoning of the logistics and other related sectors. At the same time, our society’s increasing reliance on various e-commerce platforms should come with a greater awareness about the many forms of worker exploitation which happen as a consequence of this insatiable demand for consumer goods and unending profiteering by the e-commerce corporations.

Discussion: The connection between time poverty and rest deprivation

Time poverty affects low wage workers, who do not have the option of working less, as it will affect their income. The nature of their jobs also entail working long hours, often in physically demanding work. They also have limited benefits and protection in their jobs. For some of these workers, even taking medical leave can be very difficult or sometimes stigmatised in their companies. This would discourage workers from speaking up about their health issues and seeking help, including mental health issues that may arise from work-related stress.

Time poverty disproportionately affects women, who do more of the unpaid domestic work and caregiving of children and the elderly. (Hyde et al, 2020) Many women, especially working mothers who do not have adequate caregiving support, speak of not having enough time for themselves for rest and leisure. This is especially the case for mothers who work shift hours and/or juggle multiple jobs. This would affect their mental wellbeing in the long run as they do not have the time to recuperate from all their day-to-day responsibilities. Not only do they have to juggle between their jobs and childcare after

work, there is also the aspect of cognitive load that these mothers have, in terms of thinking and planning for what needs to be done around the household.¹⁶

For mothers who work office hours, their free time on weekends are taken up from additional caregiving responsibilities such as spending time with their children and supervising their homework. The idea of self-care is often not a real choice for a lot of low wage workers, especially working mothers. Self-care is more likely to be accessible for women who have caregiving support, such as having a live-in foreign domestic worker. The access to such forms of childcare support is a matter of socio-economic status (Teo, 2016), and for low-wage mothers, they have to work around the constraints of their jobs and the limited forms of childcare available, if they do not have extended family support. On the discussion of the impact of time poverty on parenting, it is said that time-poor parents end up having to resort to excessive screen use for their children as they struggle to manage many responsibilities.¹⁷ However, this discussion on time poverty is still not addressed enough in relation to the phenomena of rest and sleep deprivation in Singapore, and even more so to relate this issue to bigger structural conditions in Singapore. This is why the discussion on tackling burnout and exhaustion among workers must also consider the need for greater caregiving support beyond the existing childcare model, as well as flexible working arrangements for parents. Similarly, we need to consider caregiver burnout as a legitimate concern and consequence of time poverty faced by women, as highlighted in a study by Huzaifah, concurrently published in this Issue of the Snippet.

Conclusion

Our ongoing discussions of poverty should be beyond just understanding poverty as a material condition. Time poverty is also as crucial as a systemic issue which affects the well-being of those living in conditions of poverty as illustrated by the earlier article by Huzaifah on the lived experiences of sleep poverty among caregivers in one-room rental flats in Singapore.

In our conversations on how to advocate for greater well-being and dignity for the most marginalised among us, we also need to consider the impacts of time poverty in keeping people in a cycle of income and consumption poverty. Thus, examining time poverty as manifested by the lack of sufficient rest as an example and its adverse effects on the physical, mental and social health of individuals leads to the conclusion that poverty is more than financial lack, but also time poverty that is brought about by systemic forces. It should be relooked as a societal and public health issue in a continued effort towards improving the living conditions of people in poverty.

Acknowledgments

As mentioned in the introduction, this paper is part of the larger In-work Poverty and the Challenges of Getting by among the Young (IWP) study. The origin of this concept was first raised within our team and it is part of an ongoing work. I would like to thank A/P Irene Ng for her comments and vetting this paper. I would also like to thank my IWP team members Asher Goh and Tan Zhi Han for our discussions on this topic and helping me develop a better understanding of this topic.

¹⁶ A commentary written in Singapore on this issue can be seen here: <https://www.channelnewsasia.com/commentary/women-covid-work-home-unpaid-caregiving-maternity-leave-parenting-2544846>

¹⁷ The term 'time-poor' is used to describe parents who lack time to spend with their children and hence resorting to excessive screen use. See here: <https://www.channelnewsasia.com/singapore/children-parents-screen-time-health-physical-activity-sleep-2450156>

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Poor Sleep, Poor Me, Poor Children: Lived Experiences of Sleep among Socio-Economically Disadvantaged Families

by Huzaifah Bin Hassan, Senior Social Worker, AMKFSC Community Services Ltd

Keywords: Lived experience of sleep, caregivers, socio-economically disadvantaged families, qualitative research, Photovoice, sleep environment

[Research Mentor: Dr. Neo Yu Wei. This research was conducted during the NUS SSR Research Mentoring Programme (Sep-Nov 2021).]

Introduction

Despite healthy sleep practices being increasingly viewed as a crucial factor in determining physical and psychosocial well-being (Huffington, 2017) and the cumulative effects of sleep loss and sleep disorders representing an under-recognized public health problem (Walker, 2018), little attention is paid to the lived experiences of families on their sleep and sleep environment among socioeconomically disadvantaged families.

This research is a follow up exploratory study done in collaboration with NUS Social Service Research Centre, after the completion of a perception survey on the sleep of socioeconomically disadvantaged families among key community stakeholders (Huzaifah & Choong, 2021).

Literature Review

Revisiting the meaning of sleep

In engaging the contexts in which sleep occurs, sleep takes different forms across different societies current and past (Ekirch, 2005; El-Sheikh, 2011; El-Sheikh, Kelly, & Rauer, 2013). Our idea of 7-9 hours of uninterrupted rest, known as monophasic sleep, is a recent phenomenon (Webb & Dinges, 1989). Two developments that had a prominent influence on monophasic sleep are (i) industrialisation and the restructuring of working habits and time discipline (Glennie & Thrift, 1996); and (ii) the changes in attitude towards bodily practices in bourgeois cultures, such that sleep transforms into intimate and private spheres (Elias, 1997; Sennett, 1992).

Contextualising sleep for socioeconomically disadvantaged families in Singapore

A global modern city state, Singapore is a post-industrial capitalist country with over 80% of its citizens living in high rise urban public housing. Families from socioeconomically disadvantaged background mainly reside in government public rental housing where the sizes of flats range from 1-room (~35m²) or 2-room (~45m²) rental flats.

Past research has highlighted the association between sleep symptoms and sociodemographic and economic factors, including race/ethnicity and socioeconomic position (Grandner, et al., 2013). Sleep deprivation is documented to significantly affect one's health, work performance, safety, and a general sense of well-being. According to a recent local study, the data

indicated that while 3% of Singaporeans get less than 4 hours of sleep a night, this number doubles to 6% for those with a household income of less than SGD 4,000 a month (Ho, 2018).

Lived experience studies on sleep

Lived experience studies refers to a representation of the experiences and choices of a given person, and the knowledge that they gain from these experiences and choices. The home and sleep environment have a vital role to play in the lived experience of sleep, especially for those from socioeconomically disadvantaged backgrounds (Bagley et al., 2015). For instance, crowded homes are more likely to result in insufficient sleep (Grandner, Jackson, & Izec-Balserak, 2015). To date, there has not been any local lived experience studies conducted on sleep.

Research Question

The research question for this exploratory qualitative study is – “What are the lived experiences of sleep of socioeconomically disadvantaged families with school-going children from the perspective of the caregiver(s)?”

Research Design

Semi-structured interviews and an Arts Based Engagement Ethnography (ABEE) were selected as the study’s main data collection method. Photovoice, is a ABEE technique that uses visual and kinaesthetic elements to engage with underrepresented communities, who might benefit from non-verbal based methods of expression and communication (Goopy & Kassan, 2019). The interviews sought to uncover the social construction of realities, and meanings surrounding the decision making of caregivers (Berger & Luckmann, 1966; Elliot, 2005).

Participants

Four families living in 1-room rental flat were recruited via purposive sampling. As part of the inclusion criteria, the study focused on socioeconomically disadvantaged families with school going children living in 1-room rental flat who are receiving case management services. School going children here refers to children aged 7-14. Caregivers in this study are adults providing care to children in the household.

Family characteristics are summarised below:

	Description	Household Composition	Employment
Family 1 All Singaporeans	2 young families in process of divorce, living together awaiting next housing plan	Main Respondent (Female, 28yo) – Mdm. A Partner (Male, 34yo) Child 1 (Male, 2yo) Child 2 (Female, 1yo) Sister-in-law (Female, 31yo) SIL Partner (Male, 33yo) SIL Child 1 (Male, 3yo)	Unemployed Delivery Runner (Shift Work) - - Customer Service (Office Hours) General Work (Night Shift) -
Family 2 All Singaporeans	Chronically ill father, permanently unfit for work	Main Respondent (Female, 60yo) – Mdm. B Partner (Male, 50yo) C1 (Male, 16yo) C2 (Male, 21yo)	Main Caregiver Unemployed (Unfit for Work) - Part Time Delivery (Ad-Hoc)
Family 3 Singapore PR Long Term Visit Pass (Husband) Social Visit Pass (Grandparent) Singaporean Child	3 generational household	Main Respondent (Female, 35yo) – Mdm. C Partner (Male, 43yo) Child 1 (Male, 13yo) Mother (Female, 61yo)	Security Officer (12hrs Night Shift) General Work (F&B Hours)
Family 4 All Singaporeans	Single parent household	Main Respondent (Female, 50yo) – Mdm. D Child 1 (Male, 10yo)	Cleaner (Office Hours)

Procedures

The use of Photovoice gives autonomy to respondents in deciding what to reveal, and to photograph their lived experiences. Photovoice highlights their expert position in their selection of photos and encourages them to tell stories of their daily ordinary routines, and share taken-for-granted practical knowledge and experiences. Due to the COVID-19 restrictions, interviews were conducted over Zoom.

Additionally, a collaborative sketch of the sleep environment layout and a routine mapping of family members were recorded. These provide better visualisations of the dynamics and interactions within their home environment, and to understand their decision process of how their sleep environments were set up.

Consent was sought for the interviews to be video recorded. Interviews were transcribed verbatim. Respondents' names were replaced with a pseudonym for confidentiality. Data from (1) Photovoice, (2) Transcription of Interviews, (3) Sleep Environment Layout, and (4) the Routine Mapping of Family Members, were cross-referenced and thematically analysed.

A token of appreciation of a \$50/- voucher was disbursed to caregivers upon the completion of interviews.

Key Findings

Key Finding 1: Caregiver extensive deliberation in maximising limited space

In navigating scarce spaces, this finding highlights the strengths of caregivers in their ability to deliberate and maximise the limited space for sleep and day-to-day activities. Notably, caregivers' selection of their furniture in the household reflected their maximisation of the utility and/or the functionality of their respective living space.

Utility refers to the set up that is most useful for the family while functionality refers to the quality of being suited to serve a purpose or multiple purposes.

The process of maximising of the utility and functionality of the space manifests differently in different families, but the intentional deliberation remains. Figures 1 and 2 demonstrate how the home environment is organised in maximising utility and functionality, even though it may look disorganised to an outsider.

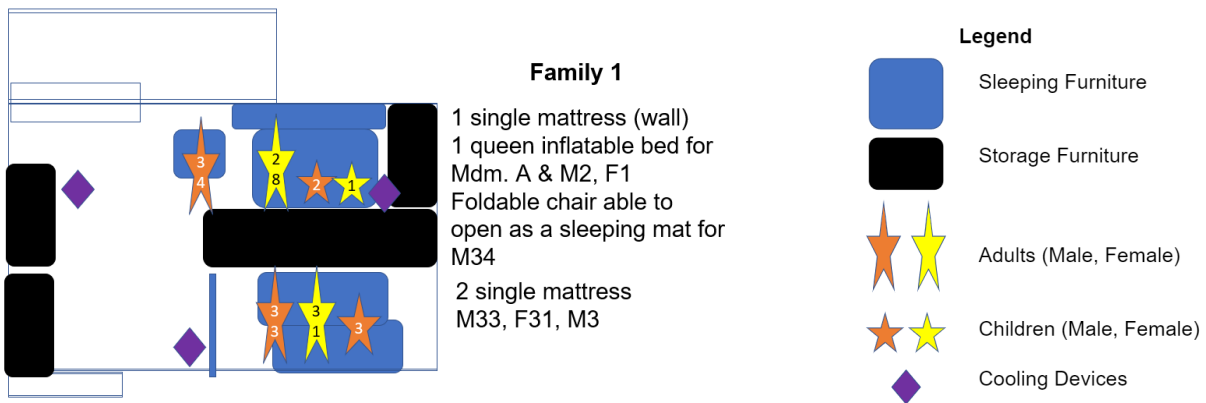


Figure 1: Sleep Arrangement Layout of Family 1



Figure 2: Photovoice submitted by Family 1 – “Where 4 of Us Sleep, On Our Mattress”

“This divider is marking out our room. This is my room this is your room. The middle partition is like the wall.” (Mdm. A from family 1, 28 y/o)

In Figure 1, Mdm. A shared how she, her partner and her 2 children sleep in a small corner of their 2-room rental flat, with shelves placed in the centre of the room to demarcate the space between their sleeping area, and that of another family comprising of her sister-in-law, her partner and a 3-year-old child. Her choice of sleep furniture was an inflatable camping queen-sized bed (Figure 2).

Reflecting the family’s deliberations and decision-making processes, Mdm. A selected the affordable (\$50/-) inflatable queen camping mattress as their preferred furniture as it can be deflated to make space when required. She could also clean or wash the mattress in an event of bedwetting. Additionally, as a safety precaution, she used thin mattresses that are placed vertically upright to prevent the children from bumping into walls during playtime.

Key Finding 2: Caregivers’ consistent struggles with sleep and an uncomfortable sleep environment, resulting from factors out of their control

Another key finding revealed caregivers’ struggles with sleep and having to sleep in an uncomfortable sleep environment. While they try to manage and overcome challenges that are within their control, they highlighted various challenges that are not within their locus of control, in addition to how they share the limited space with their household members.

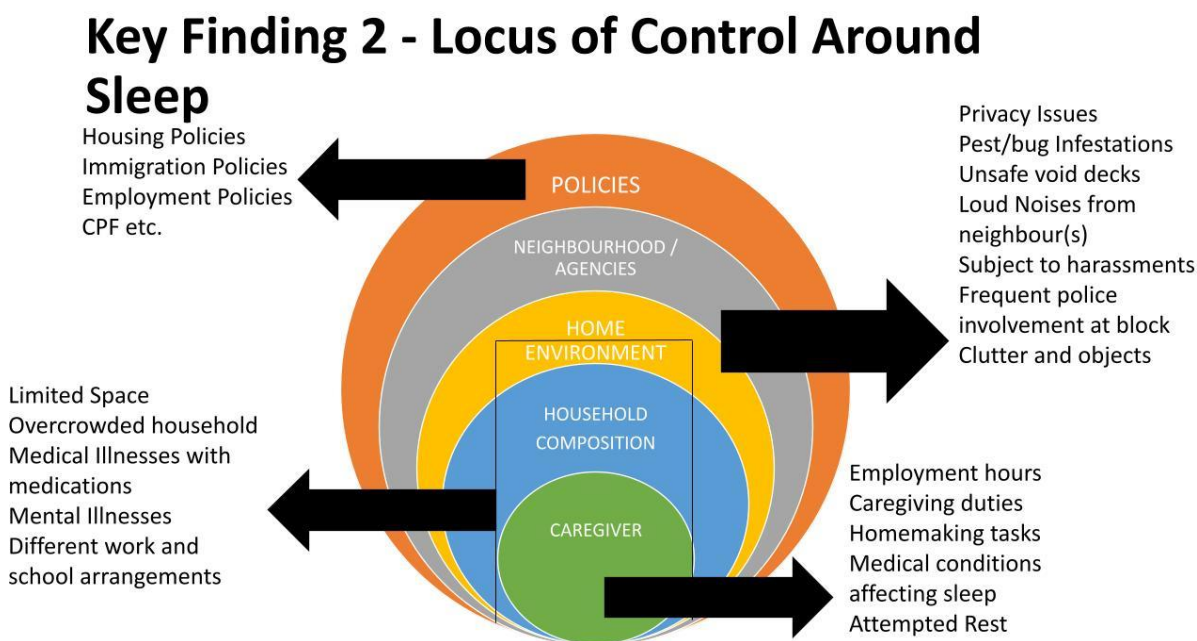


Figure 3: PIE diagram adapted to capture locus of control around sleep

The Person-in-Environment perspective is referenced to contextualise how the caregivers negotiate with their household, and their immediate environment. Figure 3 illustrates a collection of issues and challenges brought up by the caregivers.



Figure 4: Photovoice Submission Family 3 – “Only Metal Furniture So Prevent Bedbug Coming”

In making the best of the space at home, the respondents are often confronted with disruptions which fall out of their locus of control. For instance, even though the respondents feel that recurring pest infestation are well controlled within their household (see Figure 4), they inevitably experience spill over effects and recurrences of these infestations due to their neighbour’s negligence.

*“still the bed bugs they say when small small skinny ones cannot see totally, so grow up then can see, ... So that’s **why I need a steel cabinet to put my things because family and I can’t sleep well la.**”*
– (Mdm. C from Family 3, 35 y/o)

*Also not say only last night la, most of the nights past few days ... Most of the night very noisy then beside me this lady never stop banging, mumbling, bang here bang there. **Really, that’s why I told you right no point complaining to HDB, police, still she’s doing the same.*** – (Mdm. D from Family 4, 50 y/o)

Furthermore, noise disturbances and frequent police visits around their blocks contributed to them feeling unsafe and in turn unable to sleep well. Even as families try their best to maintain good sleep and hygiene habits, they are vulnerable to interferences which are out of their control.

Key Finding 3: Caregivers exhibited signs of learned helplessness followed by ‘resignatory gratitude’ towards their predicament.

The third finding revolves around the meaning-making aspects of the caregivers. Caregivers are observed to be numbed by the daily struggles about their sleep that they have accepted this to be part of their reality, and in some instances, expressing their gratitude for the little they have, despite the challenges and difficulties they are experiencing. The term ‘resignatory gratitude’ was thus coined by this researcher to capture how the use of gratitude by these caregivers could be an expression of learned helplessness due to the lack of agency and ability to overcome or change their predicament (i.e., their living/sleep environment).

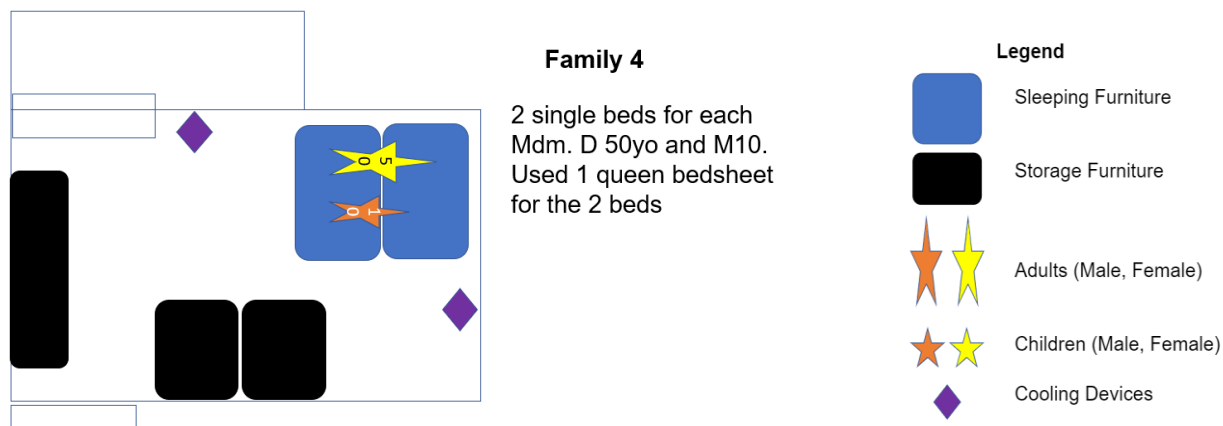


Figure 5: Sleep Arrangement Layout of Family 4

“But complain also still same. No choice la we have to tolerate la until we hopefully get new house like that la” - (Mdm. D from family 4, 50 y/o)

*“I don’t think so we tell also **no point** also. In Singapore I don’t think so, we tell also there is **no point** in telling the school and all. These things I **don’t think so it will help** la sir.” - (Mdm. C from family 3, 35 y/o)*

Evident in their narratives, both respondents (Family 3 and Family 4) shared how they no longer see the benefit of voicing out their difficulties surrounding sleep with community agencies as there is little that agencies can do to improve their situation, reinforcing their sense of helplessness.

In further exemplifying the concept of ‘resignatory gratitude’, families tended to end the conversations by minimising their situation as they expressed gratitude towards what they have and opted to make do with the situation.

*“I’ve stayed here for 18 years, and I also can’t buy my own flat cause not enough CPF. Here is not bad after all. All **good giving thanks** to god.” - (Mdm. B from Family 2, 60 y/o)*

“Thank God! There are others worse than me, at least I have a roof over my head.” - (Mdm. D from Family 4, 50 y/o)

However, when the different themes and data sets are juxtaposed together, it was discovered that families were downplaying their struggles, in not wanting to tarnish their 'face'. The concept of 'face' is attributed to the dignity associated with an individual. This serves as a reminder for professionals to go beyond the surface in their assessments for deeper insights into the families' unspoken narratives and provide more responsive interventions in improving the sleep environment of families.

Key Finding 4: Families' sleep routines were shaped by overlapping (i) work schedules and educational obligations, (ii) health and illnesses of family members, as well as (iii) family/cultural/religious rituals and practices

We explored what the routines of the families were and the reasons why their routines were as such. The three factors identified in shaping the families' sleep routines were anchored to family/ cultural/ religious rituals, status of employment or non-employment obligations and status of health or illness of family members. The resultant routines are mapped from the funnelling of these circles, based on the complementary and/or competing priorities for the use of the space in the household (See Figure 6).

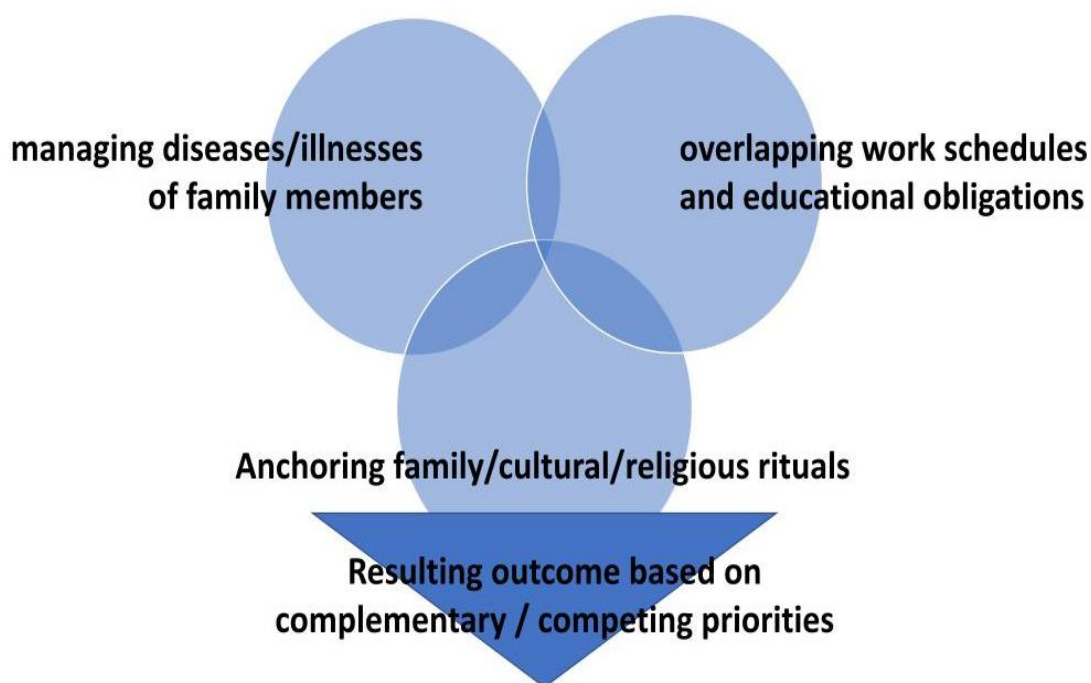


Figure 6: Funnel Diagram to Understand Family Routines around Sleep Attributed to Competing Priorities

In Figure 7 below, Family 1 is made up of two smaller families living together sharing the space in a 1-room rental flat. Mdm. A shared that her sister-in-law was waiting for their rental flat, and thus staying with them temporarily. The household consists of seven people and Figure 7 mapped the social and sleep activities taking place in the household.

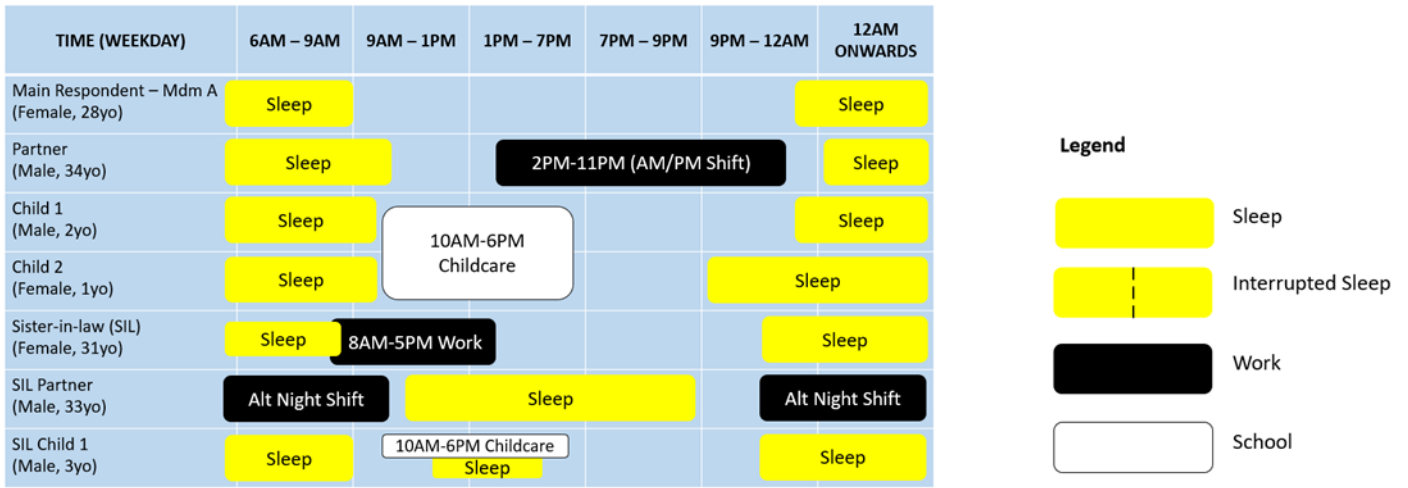


Figure 7: Routine Chart of Family 1

Looking at the 9pm to 12am slot (Figure 7), there were conflicting activities of family members with some turning in to sleep (bedtime for younger children), while some were preparing for work (SIL partner). What is interesting is that there is a family ritual (Mdm. A's partner & Child 1) where the father would spend family time with the children after he comes back from work at 11pm. Mdm. A and husband believe that the children would only sleep better after spending dedicated family time upon their father's return from work. Mdm. A shared that the children would be worried and wait for father to return home before wanting to sleep. This demonstrates a family ritual that is well-intentioned and important to the family but does not fit well with the normative perspective that children should be sleeping early and getting 8-10 hours of rest.

Family 2 (Figures 8, 9, 10) has a caregiver caring for her husband who is ill. We can identify the challenges arising from caregiving and managing the medical conditions of a family member, and how this affects the sleep of the family. From their Routine Chart below, we see that the caregiver always sleeps the latest, yet she wakes up the earliest. She rests by trying to nap periodically throughout the day.

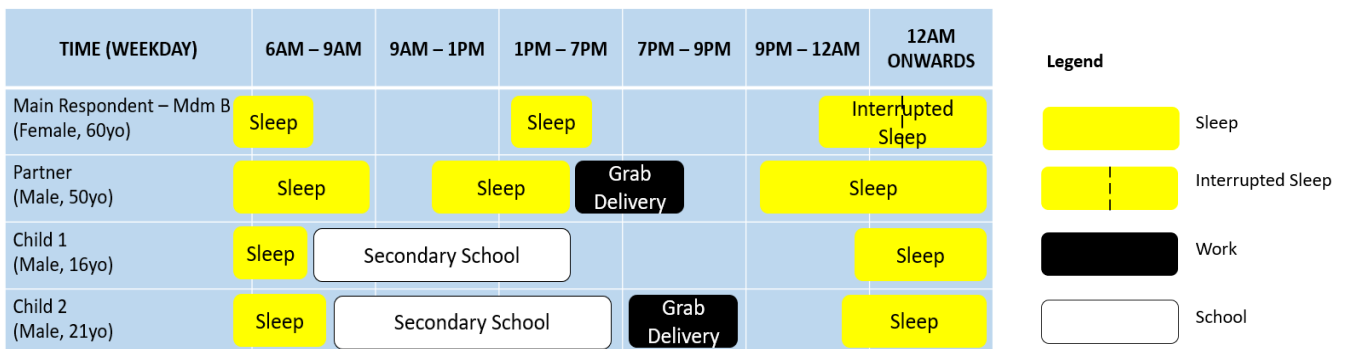


Figure 8: Sleep Routine Chart of Family 2

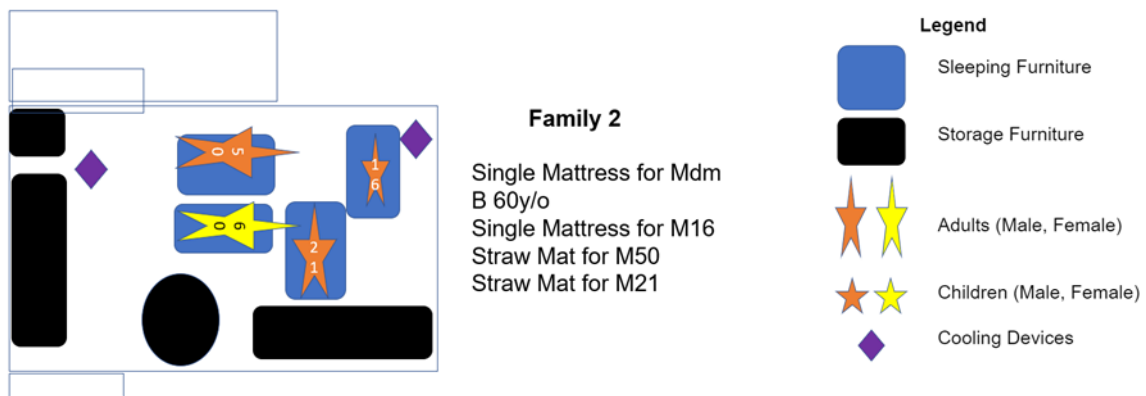


Figure 9: Sleep Arrangement Layout of Family 2



Figure 10: Photovoice submission Family 2 - "Choose Simple Sleep Furniture so House Less Hot, Less Cluttered"

Collectively, through these routine charts and documented sleep layout, we can unravel the different household make-up, what the key priorities are when it comes to work and rest, and how their family routines are organized, in the families' respective living spaces.

Discussions

Unlike the 85% of Singaporean citizens who are homeowners, socioeconomically disadvantaged individuals and families mainly live in public rental housing. The space allocated for rental flats are much smaller. Only 1-room or 2-room flats are available for rental.

Although the allocation of 1-room rental flats was designed for smaller household compositions, the different profiles of families being interviewed demonstrated otherwise.

Shifting perspectives from private struggles to public issues on sleep

Findings of this exploratory study capture the strengths and nuances, and the meaning- and decision-making processes of caregivers as they organize the sleep of their households. Contrary to how sleep and sleep environment are thought to be a private or personal matter, this study illustrates how individualizing the struggles of socioeconomically disadvantaged families is problematic, as a more systemic approach is needed to address the housing structure limitations and environmental shortcomings as a public issue.

The scarcity of space in the family's living environment among 1-room rental flat is a key factor that the families must negotiate, despite many other factors that are beyond the family's locus of control.

Caregivers make creative informed decisions on their sleep and household arrangements that best suit their family needs and daily activities. Unfortunately, what is within the family's agency in solving the issue is limited. They have to struggle with both the intra-household stresses and the stresses from their environment, such as uncooperative neighbours living in the same block, recurrent pest infestations, and the closely packed physical architectural design of the 1-room rental block, which are the outcome of housing and social policies.

Sleep Inequality – Sleep as a differentiated experience based on socioeconomic status

A research study (Patel et al, 2010) concluded that poor sleep quality is strongly associated with poverty and race. The experience of sleep thus manifests differently for different segments of the population based on their resources and capitals.

Based on examples provided above about stresses from the external environment, the families have fewer financial resources and means to address these external influences and would not make addressing these disturbances a priority as they are barely able to find energy to manage their daily expenses for survival. This is a drastic comparison with families who are more well-resourced from higher socioeconomic segments of society, who can easily resolve and prevent such external influences affecting their sleep. The focus on sleep as a private matter and the responsibility of individuals puts the blame on socioeconomically disadvantage individual and families for not being able to 'manage' their family sleep and sleep environment.

The inequality of sleep embodies the additional daily invisible struggles and difficulties these families experience in comparison to those who are more privileged. Their predicament of having to accept their situation resonates strongly with the third finding, demonstrating how caregivers are numbed by the daily struggles regarding sleep and accept this to be part of their reality. The combination of poor sleep, scarce space, and insufficient resources results in a differentiated experience of sleep, based on the families' socioeconomic status, which are linked with the caregiver's employment type and educational qualifications.

Cost of poor sleep on socioeconomically disadvantaged families and society

Prolonged poor sleep and sleeping in poor sleep environment for socioeconomically disadvantaged families have negative consequences on the individuals' waking activities. Much research has projected the negative correlation between poor sleep and poor physical health, poor mental health, higher risk of chronic illnesses for adults and how poor sleep can impact physiological growth and cognition.

Poor sleep among families affects their health; falling ill further imposes social and emotional stresses on the family which contributes to poor sleep. The poor sleep of caregivers also translates into poor sleep of children, which can impede children's and youths' health and cognitive growth in pursuit of educational or employment mobility in the long term. Contextualising to suit the lived experiences of socioeconomically disadvantaged families in Singapore, the sleep inequality differentiated by socioeconomic status may create a vicious cycle in deepening further the existing inequality.

Recommendations

Raising awareness about sleep inequality as a public health issue

Sleep is and has been treated like an individual problem. Avoid caffeine in the evening, stop using your phones before sleep are such examples. There is a need for a shift in focus from an individual problem to a public health opportunity in addressing issues around sleep. In addition to educating individuals and families about sleep hygiene and suggesting to them personalized self-help strategies to improve their sleep, there should be a greater emphasis in addressing the structural causes of sleep loss – such as addressing unfair and unhealthy workplace/educational regulations and minimizing harmful hustle culture in workplaces and professions that glamourizes overworking and sleep deprivation. A tri-sector strategy to address sleep health would be a suitable approach, making crucial adjustments across the business, government, and non-profit sector.

Through the sharing of this research on the lived experience of socioeconomically disadvantaged families with various community and government stakeholders, we can have intentional conversations with community stakeholders on sleep inequality in society. Sleep problems affect everyone, but some segments of the population are more adversely affected. This can enable a deeper understanding of how the experience of sleep is differentiated based on one's socioeconomic status and housing type and how there can be a better synchrony between community agencies and the public in co-creating solutions that are realistic and suitable for disadvantaged individuals and families. It is equally important for community practitioners to be reflective on their own biasness and underlying assumptions, when working with socioeconomically disadvantaged families and their issues surrounding sleep.

Empowering Community Practitioners in addressing sleep health

The vantage point of Community Practitioners working with families puts them in a strategic position to address sleep health related issues with the various populations they are working with. Community Practitioner representatives can be invited to attend a Sleep Health training module to equip them with the basic skills and assessment tools to address sleep health among the populations they serve. Instead of dispensing generic public health recommendations, Community Practitioners can assess and give tailored approaches or suggestions that are attuned to the lived experience of the populations they serve. These interventions may take on a psycho-social-environmental approach alongside other community stakeholders (e.g., schools, workplaces, community centre etc.)

Review of Eligibility and Access of Public Rental Housing

In keeping up with the growing costs of living and inflation rates, a revision in the eligibility criteria such as the household income for the allocation of rental flat by HDB would be relevant to designate a more suitable flat size, based on the number of household members during each renewal period. In addressing overcrowded flats, they can identify cases or configurations where there is a possibility for families to gain access to a larger rental flat unit.

Such shifts must be carefully positioned in ensuring that homeownership remains the anchor aspiration for all families, allowing exceptional cases access to larger rental flat or multiple existing rental flat configurations might be a possible short-term solution in them working towards home ownership.

Limitations

For this exploratory study, the generalizability of the findings is limited to the current sample and characteristics of the respondents. This study was also conducted under the time constraints of the NUS SSR Mentorship Programme. Therefore, future research can be done with a larger sample size or with families living in 2-room rental flats. Nevertheless, the intentional recruitment of a diverse sample in this study facilitated a deeper appreciation of how the size and composition of household influence the lived experience of sleep for families. Overall, the four data sources provided fresh in-depth insights to the interplay between sleep practices or habits, with their home environment from the perspective of the main caregiver.

Conclusion

In conclusion, this research points to caregivers' poor sleep and impact on the overall sleep of families because of inconsistent sleep routines and constraints in the sleeping environment. This bears implications on the ability of children in meeting the daily recommended hours for adequate rest due to the family routines. The inability to facilitate good sleep further affects the development, health, and growth of all family members over time. Community agencies and stakeholders thus need to take more active roles in addressing the plight of poor sleep among socioeconomically disadvantaged households and in enabling them to sleep better.

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