

## Using Photovoice to Explore Khmer Migrant Workers' Lives During The COVID-19 Pandemic in Vietnam

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### Abstract

A qualitative study using the photovoice method examined how five Khmer migrant workers in Binh Duong, Vietnam, lived through the COVID-19 outbreak. Participants were asked to take photographs that told their own stories, and the images later served as touchstones for focus-group conversations and public displays. Researchers heard about heavy weights on both body and mind, declining pay, and the loneliness that lockdowns enforced across the city. Relief groups led by local residents countered some of the hardship by handing out rice and planting a communal vegetable plot. Folk songs and traditional dances reappeared in the neighborhood before the calendars flipped to the new year, subtle signals that normalcy was edging back in. The findings call for government policies that genuinely include minority ethnic groups rather than treating them as an afterthought.

**Keywords:** *COVID-19 Pandemic, Photovoice, Khmer Migrant Workers, Community Resilience, Health Disparities, Economic Instability, Vietnam.*

### Introduction

The COVID-19 pandemic profoundly disrupted global populations, with ethnic minorities and migrants bearing a disproportionate burden due to systemic socioeconomic and healthcare disparities (Phiri et al., 2021). Migrants and ethnic minorities faced elevated risks of infection and worse health outcomes, driven by factors such as crowded living conditions, high-risk occupations, and barriers to healthcare access, including legal, administrative, linguistic, and cultural challenges (Greenaway et al., 2020; Hayward et al., 2021). In Vietnam, Binh Duong province, a major industrial center in the Southeast region, attracts approximately 2,500 Khmer migrant workers from southwestern provinces like Soc Trang, Tra Vinh, and An Giang (Binh Duong Department of Health, 2021). During the pandemic, Binh Duong was among Vietnam's hardest-hit regions, experiencing significant health and economic losses that severely impacted its migrant workforce.

This qualitative study has three primary objectives: (1) to examine the health, economic, and social challenges faced by Khmer migrant workers in Binh Duong during the COVID-19 pandemic; (2) to explore their coping strategies and community resilience, particularly through community-led initiatives; and (3) to identify policy implications for enhancing support for ethnic minorities in crisis contexts. Using photovoice, a participatory action research method that combines photography and narrative storytelling, we capture the lived experiences of five Khmer migrant workers residing in a block of rental units. Photovoice empowers marginalized communities to voice their concerns, making it an ideal method for studying underrepresented groups like Khmer migrants (Wang, 1999; Lechuga-Peña et al., 2021). This study addresses a gap in the literature on young ethnic minorities in urban Vietnam, building on prior research that highlights health disparities, employment instability, and adaptation strategies among migrant populations (Giang, 2022; Huyen, 2023).

### Effects on Health

The COVID-19 pandemic exacerbated health disparities for ethnic minorities and migrants, affecting both physical and mental well-being. In the UK, minority groups exhibited higher infection rates, hospitalizations, and mortality compared to White populations (Greenaway et al., 2020). In Sweden, migrants from low- and middle-income countries, particularly from the Middle East and North Africa, faced elevated COVID-19 mortality, even after controlling for socioeconomic factors (Drefahl et

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al., 2020). In the US, Latino populations in nursing homes and rural areas experienced disproportionate infection and mortality rates, compounded by limited healthcare infrastructure (Gebeloff et al., 2020; Cuadros et al., 2021). Mental health challenges were also significant, with migrants in the US and Canada reporting increased stress, anxiety, and depression due to social isolation and economic uncertainty (Gómez et al., 2022; Lou et al., 2022; Mucci et al., 2020). In Vietnam, young ethnic minorities in Hanoi expressed fears of discrimination linked to disease transmission, further compounding psychological stress (Giang, 2022).

Physical health risks were heightened by structural factors. Crowded living conditions, common among migrants, increased transmission risks (Kumar et al., 2021). High-risk occupations, such as factory work, exposed workers to infection, while limited access to testing and vaccines exacerbated vulnerabilities (Murthy, 2021). Language and cultural barriers hindered effective communication with healthcare providers, particularly for non-native speakers (Hayward et al., 2021). For example, Cambodian migrants in Thailand faced restricted healthcare access due to undocumented status, a challenge also relevant to unregistered Khmer workers in Vietnam (Oeur et al., 2022). Social stigma, as observed among ethnic minorities in Hong Kong, further isolated communities perceived as infection sources (Siu et al., 2023). These findings highlight the need for targeted public health interventions, including improved testing, vaccination access, and culturally competent care, to address disparities during pandemics.

### **Effects on Employment and Income**

The pandemic intensified socioeconomic disparities, particularly in employment and income. In the UK, ethnic minorities like Pakistanis and Bangladeshis faced greater job losses than White populations (Allen et al., 2021). In the US, Hispanic migrants experienced significant declines in employment and income stability, reflecting structural inequalities (Carlà & Djolai, 2022). In Brazil, Black and mixed-race self-employed workers lost more work hours, underscoring the need for targeted economic relief (Liao & Villarreal, 2022). Cambodian migrant workers in Thailand faced job losses and reduced hours due to border closures, often resorting to risky, undocumented border crossings (Oeur et al., 2022). In Vietnam, migrant workers along the Vietnam-Laos border and in Hanoi encountered unemployment, reduced hours, and financial strain, impacting their ability to meet basic needs (Huyen, 2023; Giang, 2022). These disruptions not only affected immediate livelihoods but also had long-term economic consequences, particularly for freelance and informal workers.

### **Adaptation of Ethnic Workers**

Ethnic workers demonstrated remarkable resilience through adaptive strategies. In the US, Latino migrant families in rural California navigated limited social safety nets by leveraging community networks and working in unsafe conditions to sustain income (Young et al., 2022). In Finland, African entrepreneurs employed strategies like disengagement and adaptation to maintain transnational businesses (Vorobeva & Dana, 2021). In the UK, Bangladeshi curry shop owners shifted to takeaway and delivery services to survive lockdowns (Razzak et al., 2023). In Vietnam, migrants along the Vietnam-Laos border awaited border reopenings to resume work, while young ethnic minorities in Hanoi relied on ethnic and kinship networks for emotional and practical support (Huyen, 2023; Giang, 2022). Mobile phones facilitated access to information and job opportunities, despite challenges with misinformation (Giang, 2022). These strategies highlight the critical role of social capital and community resilience in mitigating crisis impacts, particularly for ethnic minorities with limited formal support.

This study focuses on Khmer migrant workers in Binh Duong, examining how they navigated health threats, economic vulnerability, and social marginalization during the COVID-19 pandemic. By centering community-level coping strategies and the role of leadership, it contributes to understanding resilience among ethnic minorities in urban industrial settings.

## **Method**

### **Selected Site**

The study was conducted in Binh Hoa ward, Thuan An city, Binh Duong province, one of Vietnam's most densely populated areas, with 105,982 residents in 2021 (Binh Duong Department of Health, 2021). Binh Hoa, designated a "red zone" due to its industrial zones and high migrant concentration, was severely affected by COVID-19. The ward's industrial economy attracts Khmer workers from southwestern provinces, including Soc Trang, Tra Vinh, and An Giang, with an estimated 2,500 Khmer

migrants in 2021. These workers, often employed in factories or informal sectors, faced significant disruptions during the pandemic, making Binh Hoa an ideal site for studying migrant experiences.

**Photovoice Method**

Photovoice, pioneered by Wang and Burris (1997), is a qualitative, participatory action research method that integrates photography with narrative storytelling to explore community issues. Participants document their lives through images, discuss their significance in facilitated focus groups, and disseminate findings to advocate for policy change (Wang, 1999). Photovoice empowers marginalized groups, such as ethnic minorities, by amplifying their voices and fostering collaborative knowledge production (Lechuga-Peña et al., 2021). It has been used effectively to study mental health among UK ethnic minorities (Halvorsrud et al., 2019), reproductive health among Vietnamese ethnic girls (Le & Yu, 2021), and family narratives among Vietnamese Americans (Trinh, 2020). In this study, photovoice was chosen to capture the nuanced experiences of Khmer migrant workers, emphasizing their agency in narrating health, economic, and social challenges.

**Context and Participants**

The study centered on a block of rental units on Binh Hoa 20 Street, primarily occupied by Khmer workers from Soc Trang’s Long Phu and Tran De districts. These workers shared pre-existing social and cultural ties from their hometowns, fostering a strong community identity that shaped their pandemic response. During the peak of the crisis, approximately 60 residents contracted SARS-CoV-2 and were isolated in designated facilities in northern Binh Duong province, returning after treatment. Non-infected residents underwent in-room quarantine within the rental units, relying on support from local authorities, hometown relatives, and religious institutions for basic needs and spiritual guidance.

Five Khmer workers (four male, one female) were purposively selected based on their active community engagement, diverse occupational backgrounds, and varied experiences during the pandemic (e.g., quarantine, job loss, volunteering). The small sample size, typical for photovoice studies, prioritizes in-depth, qualitative insights over statistical generalizability (Wang, 1999). Participants included a garment worker (Thach Cau), freelancer (Thach Sung), footwear worker (Trieu Vilen), mechanic (Thach Tien), and small business owner (Thach Trang), with migration durations ranging from 6 to 14 years (Table 1). The researcher’s decade-long engagement with the Khmer community facilitated trust and recruitment.

The sample’s occupational diversity reflects common roles among Khmer migrants in Binh Duong, such as factory work and informal entrepreneurship, but may not represent other sectors like construction or agriculture. The inclusion of only one female participant limits gender diversity, potentially skewing perspectives on gender-specific challenges, a noted limitation. Educational status was not collected, as photovoice emphasizes lived experiences over formal metrics, but this omission is acknowledged as a constraint. The sample’s representativeness is strengthened by its diversity in age (31–45 years), occupation, and quarantine experiences, though it may not fully capture the broader Khmer migrant population.

**Table 1. Participant Demographics**

**Table 1. Background Information of the Respondents**

| <b>Name<sup>a</sup></b>             | Thach Cau      | Thach Sung | Trieu Vilen     | Thach Tien      | Thach Trang          |
|-------------------------------------|----------------|------------|-----------------|-----------------|----------------------|
| <b>Sex</b>                          | Male           | Male       | Male            | Male            | Female               |
| <b>Age</b>                          | 36 (4)         | 45 (2)     | 34 (3)          | 43 (1)          | 31(5)                |
| <b>Occupation</b>                   | Garment worker | Freelancer | Footwear worker | Mechanic worker | Small business owner |
| <b>Number of years of migration</b> | 11             | 12         | 14              | 8               | 6                    |
| <b>Coronavirus disease</b>          | No             | No         | No              | No              | Yes                  |
| <b>Volunteer</b>                    | Yes            | No         | Yes             | Yes             | Yes                  |
| <b>Hometown</b>                     | Soc Trang      | Soc Trang  | Soc Trang       | Soc Trang       | Soc Trang            |

<sup>a</sup> Note: Pseudonyms used for confidentiality.

### **Data Collection**

Data collection occurred in two phases to accommodate COVID-19 restrictions. Phase 1 (April–August 2021) was conducted online via Zalo, a Vietnamese messaging platform with end-to-end encryption to ensure data security. Participants received detailed instructions to photograph significant moments in their daily lives, capturing the transition from quarantine to the “new normal.” They submitted images to a dedicated Zalo group, accompanied by captions or voice messages, which were transcribed by the research team to preserve qualitative data. Participants provided informed consent through Zalo messages, later affirmed in-person.

Phase 2 (September 2022) involved in-person focus group discussions at the rental units post-lockdown. Participants reviewed 30 submitted photos, selecting five based on emotional resonance, narrative clarity, and relevance to themes of health, economic hardship, or community resilience. Excluded photos (25) were redundant, lacked context, or had poor quality. The same five photos were selected in both phases, ensuring consistency, though Phase 2 discussions provided richer insights due to face-to-face interaction. Photo dissemination occurred during a community meeting in October 2022, where findings were shared with local authorities to advocate for policy support, aligning with photovoice’s advocacy component (Wang, 1999).

The in-room quarantine, distinct from facility-based isolation for infected individuals, may have influenced participants’ emotional states and photo selections, potentially emphasizing isolation-related themes. However, the participatory nature of photovoice ensured narratives remained participant-driven.

### **Ethical Considerations**

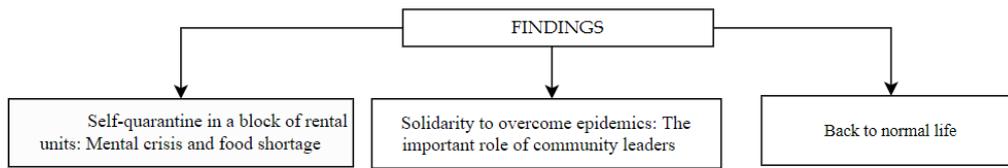
The study was approved by the Binh Duong University Ethical Committee on August 19, 2019 (Ref. No. 1205). Participants provided written informed consent for the use of their photographs and non-anonymized demographic data (e.g., Table 1), with confidentiality maintained through pseudonyms. Participants were informed of the study’s purpose, procedures, and their right to withdraw, ensuring ethical rigor.

### **Data Analysis**

Data analysis followed photovoice’s participatory framework, integrating participant narratives and researcher interpretations. In Phase 1, photos and captions were reviewed for thematic relevance. In Phase 2, focus groups explored the context, symbolism, and participant perceptions of each photo, fostering collaborative meaning-making. The five selected photos served as primary data, analyzed for their narratives and alignment with study objectives. This process ensured findings reflected participant voices, a hallmark of photovoice’s participatory ethos (Wang, 1999).

### **Findings**

Research into the adjustment and resilience of the Khmer migrant community in Binh Duong province, Vietnam during the COVID-19 pandemic reveals a nuanced understanding of their response across different stages of the crisis. The community was initially in a state of general confusion at the start of the outbreak, which the pandemic’s health, economic, and psychological challenges made worse. As the pandemic escalated to its peak, the community’s collective spirit became evident. Members rallied together, offering material and emotional support to one another, showcasing remarkable adaptability and solidarity in the face of adversity. The post-epidemic period, known as the “new normal,” saw people in the community return to work in industrial zones. Traditional Khmer festivals are also held in the community with joy and excitement. The research focuses on the initial response of the community, the development of community support systems with the promotion of internal resources, the return to production activities, as well as activities with community identity in the new normal state. In this section, we aim to explore three main themes, as shown in Figure 1 below.



**Figure 1. Main Findings of the Article**

**Self-Quarantine: Mental Crisis and Food Shortages**

Binh Duong’s industrial economy attracted Khmer workers, who faced severe disruptions during the pandemic. All five participants lost their jobs (Table 1), exacerbating economic precarity and mental health challenges. Quarantine occurred in-room at the rental units, distinct from facility-based isolation for the 60 infected residents, clarifying earlier ambiguities. In-room quarantine intensified feelings of isolation, as participants were confined to small, shared spaces with limited external contact.



**Figure 2. “Suy sụp tinh thần” banner (is often translated as mental breakdown). Source: Photo taken by Trieu Vilen)**

The fear of being affected and contagious were out of their control. To illustrate, Trieu Vilen was born in 1990 and coming from Tran De district, Soc Trang province. He worked for a leather shoe company at Binh Duong for 14 years. When the pandemic outraged, the company closed, and he and his wife had to quarantine at the block of rental units. At that time, he was also very confused and afraid about their health. He worried not only about himself but also about his young daughter, who was staying with his elderly parents in his hometown. He intended to return to his hometown, but the way back home was blocked due to the lockdown. When the pandemic outraged in early May 2021, he had not been vaccinated yet, so he was very worried. He often researched and exchanged information in the group about vaccination. Despite health concerns, Trieu Vilen had actively participated in local volunteer activities such as epidemic control, distributing gifts, and supporting Coronavirus testing site. To choose photos that reflect the most difficult period due to the impact of the epidemic, the group decided to choose photos taken by Trieu Vilen. This was a photo he took after going to get food and gifts from sponsors supporting the block of rental units. The image of a closed gate with a banner reading "Khu vực cách ly y tế" (quarantine zone) (see Fig 2), became an unforgettable memory for the participants in this study. That image evoked crises they had never faced in their lives. They feared of being infected with COVID-19, as Trieu Vilen shared, they also said the mental pressure was challenges great. Thach Cau also sympathized with this mentality, as he and his wife were reluctant to make decision of coming back home because they still had young children at home and fear of being

segregated and the risk of affecting Covid-19 to their family. In the end, Thach Cau chose to stay. These thoughts were quite similar to the results of research on ethnic minority youth in Hanoi by Giang (2022).

Mr. Thach Sung, the oldest person in the group with 12 years of freelancing in Binh Duong, called that banner the "mental breakdown banner" (Figure 2). He said that this banner reminded him of a very difficult time for him and the people in the block of rental units, when everyone was not allowed to leave their rooms.

Having to stay in a rented room with the door closed for a long time also caused mental frustration for him and his compatriots in the block of rental units. He said he sometimes had insomnia, headaches, and difficulty breathing, especially when he learned that someone in the block of rental units was infected with Covid and had to be self - quarantined.



**Figure 3. The COVID testing site (Source: Photo taken by Thach Tien)**

Thach Tien, who was considered to have the strongest character in the group, also confided that he himself was extremely worried about his health and finances. The most haunting image for him was waiting in line to get tested for COVID every week. Feeling tired when waiting in a long line, followed by anxiety and nervousness while waiting for the results. Every time someone was infected and quarantined, the whole crowd stirred. He said that at those times, his heartbeat extremely fast. He thought about what it would be like if he were quarantined. And he really felt confused when thinking about the future. From these feelings, he decided to take photos of the COVID testing scene where he lived (figure 2). The images and emotions he shared received sympathy from research participants. Thach Sung also said that having to participate in weekly tests was one of the causes of the mental breakdown he mentioned. In the context of prolonged periods of social distancing, freezing, and lockdowns, the majority of unemployed workers had no job, so they had no income to cover their lives, and many workers were confused and worried. (Gómez et al., 2022). The support and supply of necessities were still slow, leading to great difficulties in ensuring daily life. Thach Trang, who sold soft drinks right at the beginning of the block of rental units, next to the gate that Trieu Vilen had taken a photo of, said that the block of rental units was quarantined, so she could not do business, and her husband was also unemployed, so the family's economic situation was very poor. In difficult times, most of the food depended on the support of sponsors, so her family of four had to divide food into small portions to avoid hunger. Thach Cau -Thach Trang's neighbor, a garment worker who had worked in Binh Duong for 11 years, also added that at that time, even if he had money, he could not buy food because all the stores in the locality had to be closed according to the local government's "lock and freeze" plan to limit the spread of the disease. It could be seen that the situation of Khmer workers in rental units in terms of economics and physical and mental health concerns was quite like the studies of Oeur et al. (2022) in Thailand and Giang (2022) and Huyen (2023) in Vietnam.

### **Solidarity to Overcome Epidemics: The Important Role of Community Leaders**

Faced with these seemingly insurmountable difficulties, those considered leaders of the community, such as Trieu Vilen, Thach Sung, Thach Cau, and Thach Tien, found that they could not sit idly by and bear the burden passively of the growing impact of the epidemic on themselves, their families, and their community. Thach Tien's case is well illustrated for this.

Thach Tien was born in 1981. He had been in Binh Duong for 6 years and was working for a bicycle processing company in Dong An Industrial Park. As a young man, he served two years in the army, so he had an agile demeanor and spoke with reason. People also trusted him. During the quarantine days at the block of rental units, During the quarantine days at the block of rental units, he founded a volunteer team of 14 members. Everyone in the team actively participated in supporting sponsors and local authorities in distributing gifts and ordering support when the local epidemic quickly occurred. Figure 3 was taken by him and chosen by the group members as an image showing solidarity and mutual support. This photo showed Thach Cau, Trieu Vilen, and members of the volunteer team. They were distributing rice donated by sponsors to people in the area where they lived in a pickup truck. Thach Tien took the lead in organizing the rice distribution in a voluntary and structured manner. This initiative gave the local government a well-organized nature and reputation. Both the block of rental units and Binh Hoa 20 Street recognized the volunteer team, which consisted of Khmer workers. Since then, the local government has invited the Khmer youth volunteer team to participate in epidemic prevention activities in the area. Trieu Vilen was one of the team members who actively participated in local disease prevention work. Trieu Vilen, Thach Tien, and others had also helped the Khmer working community in the block of rental units, as well as on Binh Hoa 20 Street, become known and scant more attention. Recalling that time, Mr. Thach Cau said one of the difficulties for the volunteer team was how to deliver food gifts to people quickly and fairly. He and his team members sometimes had to declare that they acted fairly in distribution.



**Figure 4. The volunteer team is distributing rice (Source: Photo taken by Thach Tien)**

They didn't just rely on the support of local authorities and relatives back home. Core group members in the community always encouraged people in their rental units to be mentally stable and work together to overcome the difficulties of the epidemic. Thach Sung was a builder. He often undertook simple construction projects such as building rental studios and repairing houses for low-income people. As a reputable person, he had been assigned by the block of rental units' owner to collect monthly rent and repair the electricity and water at the block of rental units. During the epidemic, he actively shared, regularly encouraged, and asked about his fellow countrymen at the block of rental units. He regularly reminded people to wear masks and comply with local government regulations. He also had a very interesting opinion about wearing masks when he believed that wearing masks was also a way for people to reduce their "bad karma", say fewer incorrect things, curse less at each other, and have to live by the means of your heart, and you should only say nice words. Karma is a concept in Hindu and Buddhist philosophy which refers to the negative consequences a person suffers due to

bad or unethical actions in the past (Ghose, 2007). Ms. Thach Trang added that it was Mr. Thach Sung's encouragement and provision of timely and accurate information that had made her, and her relatives feel more secure in the face of the complicated situation of the epidemic. People felt that they were absolutely not "abandoned" or "lonely" during the epidemic but had been supported to the best of their ability by relevant parties.



**Figure 5. A Temporary Relief Vegetable Garden (Source: Vu Le, 2023)**

One of the pictures that the research team members liked the most was figure 5, taken by Thach Sung and named "vườn rau cứu trợ tạm thời" (is often translated as temporary relief vegetable garden). This idea had come from Thach Sung, taking advantage of the empty land in the block of rental units. He suggested that whenever you ate and had leftover common vegetables such as lemongrass, green onions, water spinach, etc., do not throw them away but plant them so that others could use them when needed. This idea was enthusiastically responded to by everyone in the block of rental units. Thach Tien feels thrilled because the material value of the vegetable garden is not great, but this activity shows the solidarity and sharing of the people in the block of rental units. The meaning of this activity showed the solidarity and sharing of the people in the block of rental units. He was also the person responsible for watering vegetables every day, because of quarantine conditions, people could not freely go out. Similar to the above opinion, Trieu Vilen said he was proud of his community. That gave him more motivation to volunteer to support his fellow countrymen. The author of this idea, Thach Sung, said he would try to maintain this model in the future, even when the epidemic was over.

The data from this study was quite similar to Giang's (2022) study in Hanoi in that minority workers often relied on strong social networks like compatriots to seek support, both physically and mentally. Furthermore, the discussion and analysis based on the images selected by the members also reflected this trend. For the community to unite and truly support each other, the role of reputable leaders in the community was extremely important. They connected and encouraged their fellow countrymen to overcome difficulties. Moreover, this study also showed that these community leaders themselves actively participated in disease prevention in the localities where they resided. This helped their communities become better known for positive signals of proactive adaptation and compliance with disease control policies. In addition, the close and timely attention of local authorities had removed barriers of prejudice and discrimination built up by migrants in the community. Thereby, helping people feel more secure when deciding to stay in Binh Duong and not trying to return to their hometown.

### **Back to Normal as New Life**

When the epidemic was largely under control in October 2021, Binh Duong province took on the challenge of "living with the epidemic" in order to revive the economy. The lives of Khmer workers in the block of rental units was positively changed. Trieu Vilen, Thach Cau, and Thach Tien had returned to work on site. Thach Sung had received construction projects near the block of rental units, creating jobs for fellow workers who were unable to find employment. Thach Trang had returned to selling other

drinks at home in the block of rental units. Although life was still very difficult, there were very encouraging signs of recovery and improvement.

For Khmer people, Chol Chnam Thmay is one of the most important festivals. This is a festival marking the beginning of the new year according to the Khmer calendar, usually taking place in mid-April every year. This is an opportunity for Khmer people to show respect for their ancestors and national culture. This festival is also an opportunity for people in the community to gather and strengthen family and neighbor relationships. Khmer people staying at the block of rental units had a tradition of holding the annual Chol Chnam Thmay ceremony with the participation of many people in the area. During the period affected by COVID-19, this activity had to be temporarily suspended. When the epidemic was under control, Thach Sung and core group members had a fundraising event to organize the ceremony. The image that Thach Trang took showed the joyful atmosphere when Khmer women were dancing the traditional dances of their people. The research team members had agreed to choose this photo to reflect the period when they and the community started entering a new life.



**Figure 6. Celebrating the Chol Chnam Thmay festival at the block of rental units (Source: Photo taken by Thach Trang)**

Thach Sung had said that every year, the Chol Chnam Thmay festival was made big and solemn with the participation of monks in his hometown. Monks vividly recreated folk games and ancestor worship rituals. However, that year (2022) was a special Tet when people had just returned to normal life. Trieu Vilen had found great pleasure due to the fact that despite a high COVID infection rate at the block of rental units, no one had died there, and those who underwent quarantine had returned in good health. In addition, the celebration of the Tet holidays also received attention and support from local authorities. Ms. Thach Trang had said that people donating, organizing, and participating in activities showed that the solidarity of Khmer workers in the block of rental units had been and was a strength to support them in their journey to make a living in their second homeland.

## **Discussion**

The findings illuminate the profound challenges faced by Khmer migrant workers in Binh Duong, aligning with global evidence of ethnic minority disparities during COVID-19 (Phiri et al., 2021). Crowded rental units increased physical health risks, as cramped conditions facilitated transmission (Fabiani et al., 2021). Language barriers, with Khmer as a second language for participants, hindered healthcare access, particularly for unregistered workers ineligible for state benefits (Drefahl et al., 2020; Oeur et al., 2022). Unlike in Hong Kong, where ethnic minorities faced stigmatization (Siu et al., 2023), Khmer workers benefited from local authority and sponsor support, reducing social isolation.

Mental health challenges were significant, with participants reporting anxiety, insomnia, and stress, consistent with Mucci et al.'s (2020) systematic review of migrant workers' psychological health. Social support from community leaders, as evidenced by volunteer initiatives and Thach Sung's encouragement, mitigated these impacts, supporting Vega et al.'s (2022) findings on the protective role of social networks. The rice distribution and vegetable garden exemplify collective efficacy, mirroring adaptive strategies among Latino communities in California (Young et al., 2022). The Chol Chnam

Thmay festival underscores cultural resilience, aligning with Baskoro et al.'s (2024) study on family-level recovery among Indonesian workers.

These findings have several policy implications. First, healthcare access must be improved through language support, culturally competent services, and legal reforms to include unregistered migrants, addressing barriers identified by Hayward et al. (2021). Second, economic relief packages, such as job security programs and income support, are critical for ethnic minorities in precarious employment (Liao & Villarreal, 2022). Third, engaging community leaders in public health strategies can enhance inclusivity and effectiveness, as demonstrated by the volunteer team's collaboration with local authorities. Finally, cultural initiatives, like the Chol Chnam Thmay festival, should be supported to foster resilience and social cohesion during recovery.

### **Generalizability**

The study's small sample and specific context limit its generalizability. Binh Hoa's industrial setting and Khmer-specific cultural practices may not reflect experiences of other migrant groups or regions in Vietnam. The focus on a single rental block further narrows the scope, potentially missing perspectives from Khmer workers in other wards or occupations. However, the findings offer transferable insights into community resilience, leadership dynamics, and the utility of photovoice for marginalized populations. The qualitative depth provided by participant narratives enhances the study's relevance for similar urban migrant communities, particularly in industrial hubs facing public health crises.

### **Limitations**

Several limitations must be acknowledged. The inclusion of only one female participant may underrepresent gender-specific experiences, as women may face unique challenges (e.g., caregiving responsibilities) not fully captured. The omission of educational status limits demographic completeness, though photovoice prioritizes experiential data over formal metrics. Unreliable internet connectivity during Phase 1 may have affected photo submission quality, while quarantine-induced stress could have influenced participants' emotional responses and photo selections, potentially emphasizing isolation-related themes. The participatory nature of photovoice, while empowering, does not employ validated tools for measuring health or economic outcomes, prioritizing narrative depth over quantitative rigor. Finally, the specific context of Binh Duong's industrial economy and local authority support may not generalize to other regions with less robust community networks or government engagement.

### **Conclusion**

This photovoice study provides a vivid account of the challenges faced by Khmer migrant workers in Binh Duong during the COVID-19 pandemic, including job loss, physical and mental health risks, and social isolation. Through five powerful photographs, participants documented their struggles and resilience, highlighting the critical role of community leadership in fostering solidarity. Initiatives like the volunteer rice distribution, temporary relief vegetable garden, and Chol Chnam Thmay festival symbolize the community's strength and cultural continuity, enabling recovery in the "new normal." These findings underscore the need for inclusive policies that address healthcare access, economic stability, and cultural diversity for ethnic minorities. Key recommendations include providing language support in healthcare settings, implementing targeted economic relief, and engaging community leaders in public health strategies. Future research should incorporate larger, more diverse samples to enhance generalizability and integrate quantitative measures to validate health and economic outcomes, complementing photovoice's qualitative insights. By amplifying the voices of Khmer migrant workers, this study contributes to a deeper understanding of resilience and advocacy for equitable support systems in crisis contexts.

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