

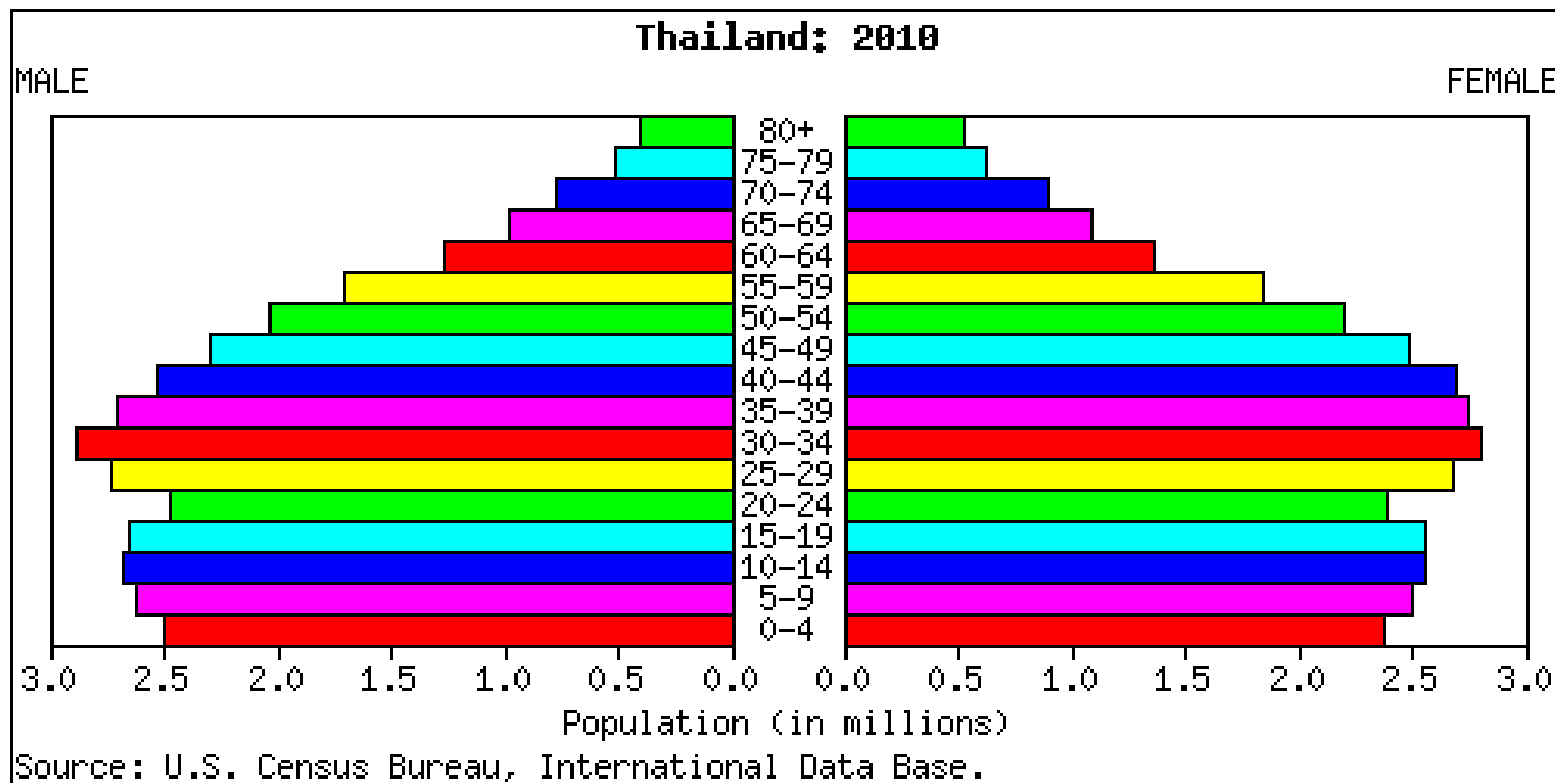


# Emerging Trends in Migration : Reproductive Health

Promboon Panitchpakdi

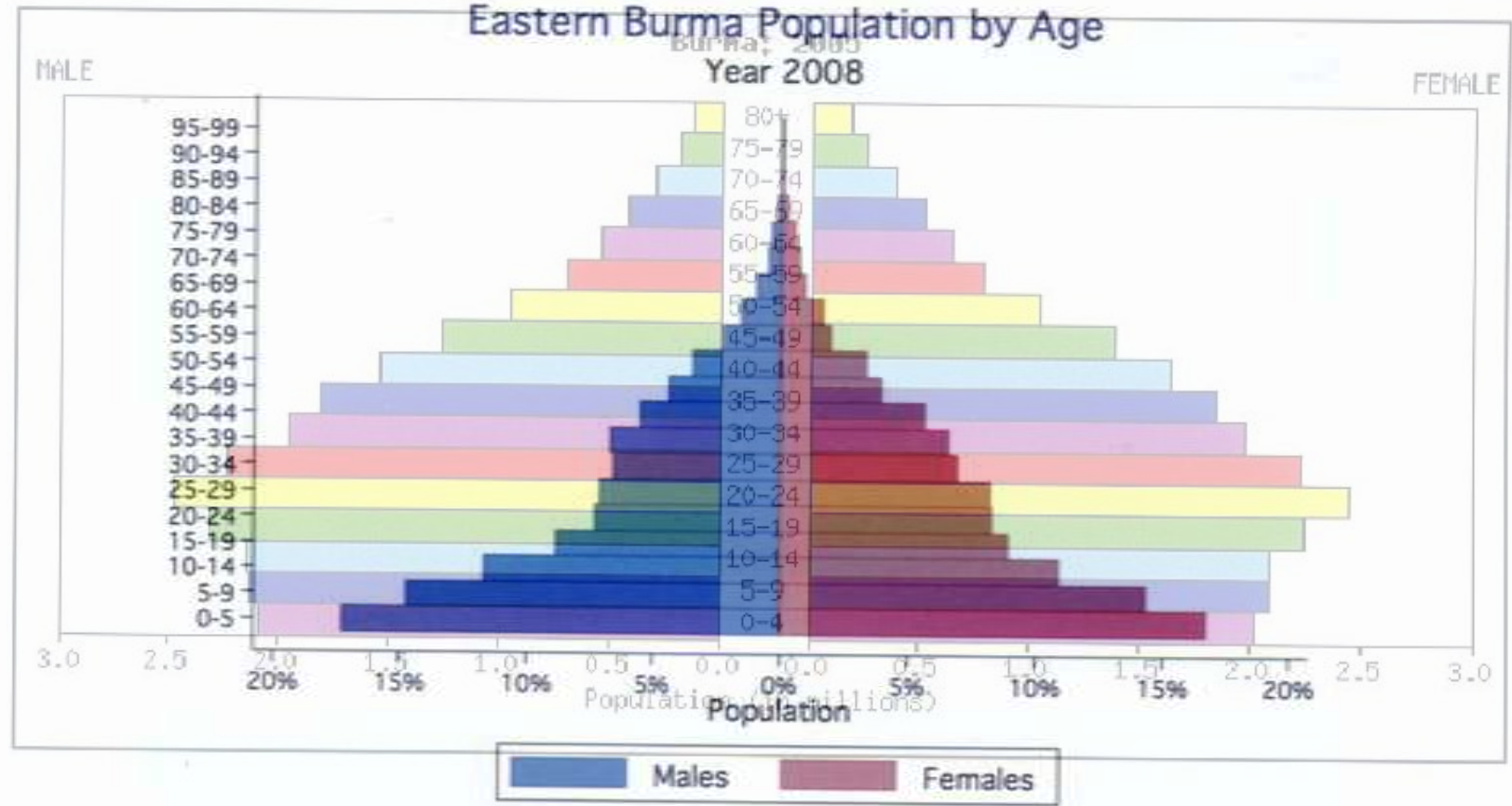
Raks Thai Foundation

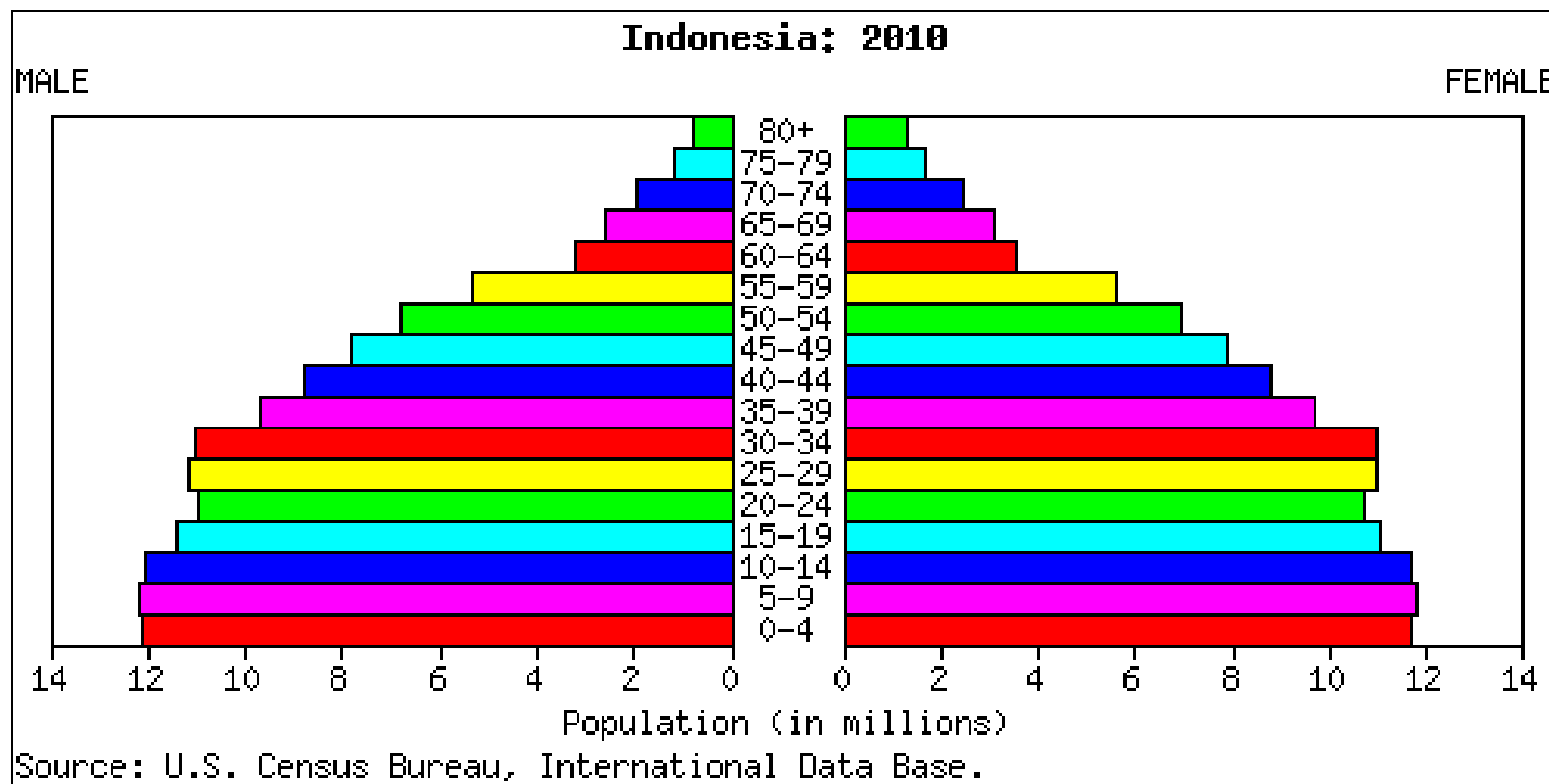
27 November 2012



### Eastern Burma Population by Age

Year 2008



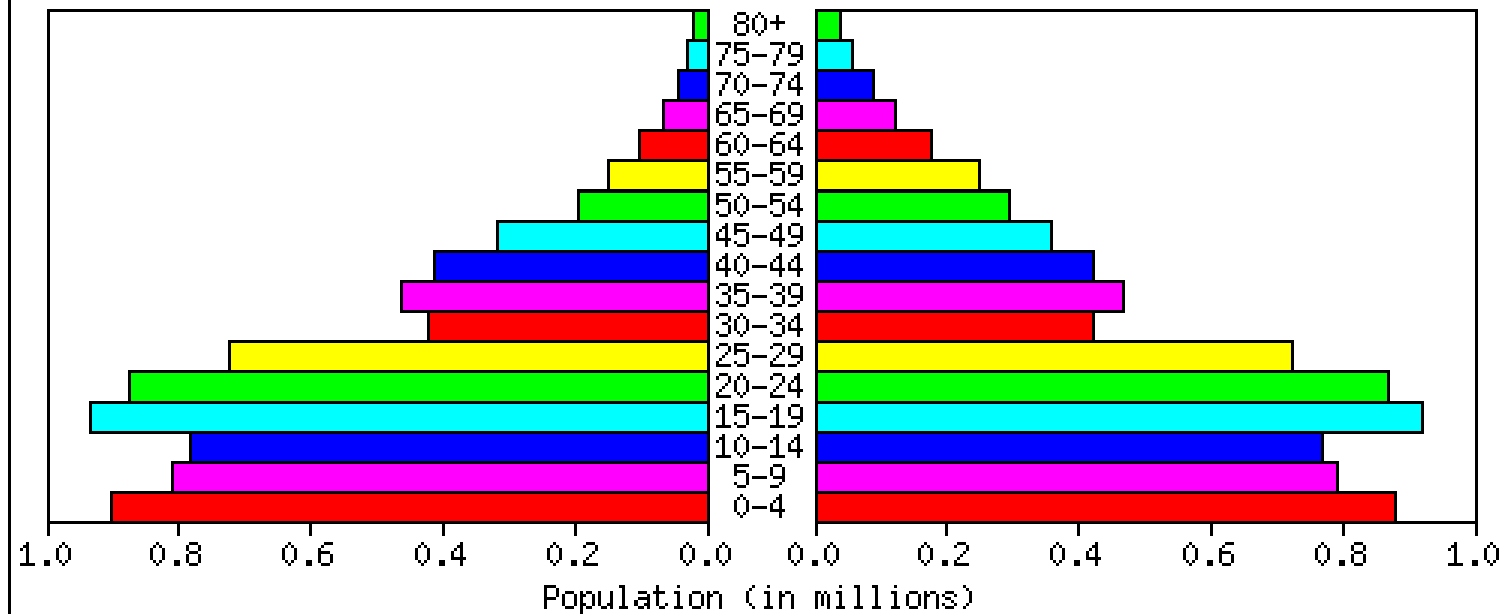


<http://www.nationmaster.com/country/>

### Cambodia: 2010

MALE

FEMALE

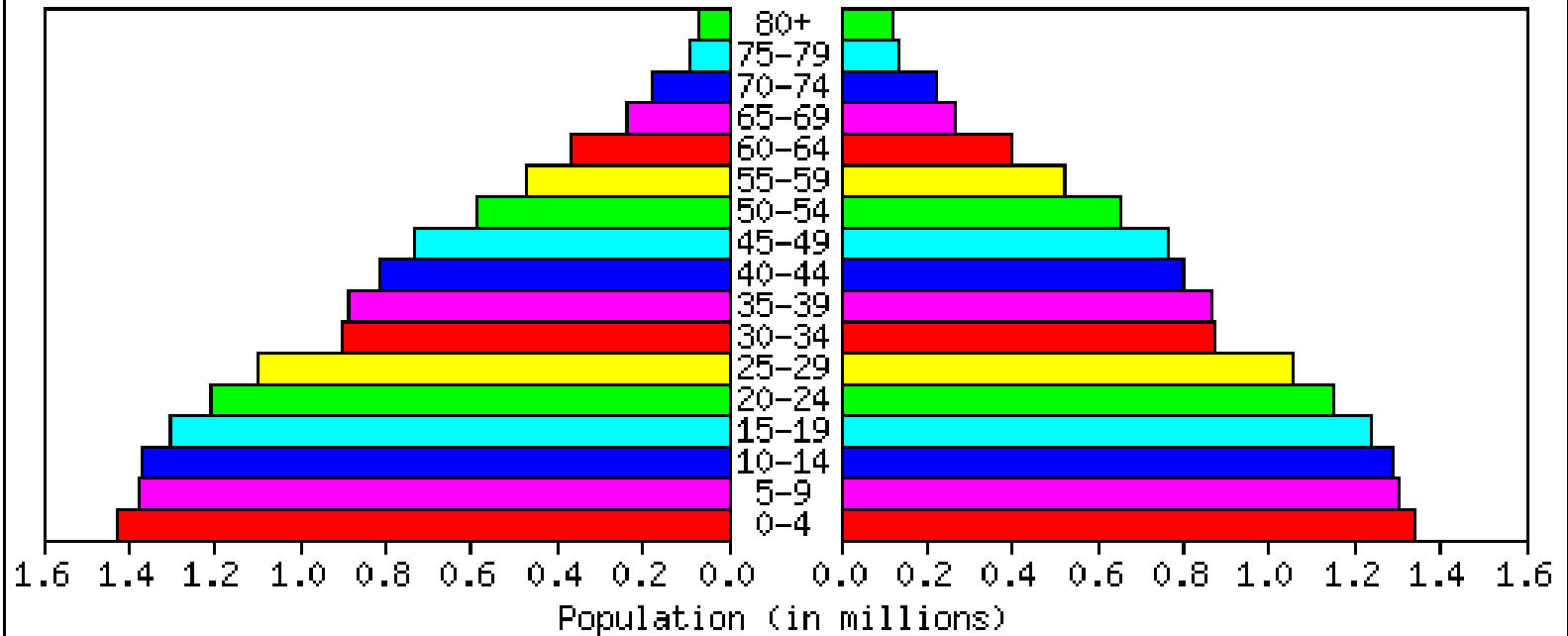


Source: U.S. Census Bureau, International Data Base.

### Malaysia: 2010

MALE

FEMALE

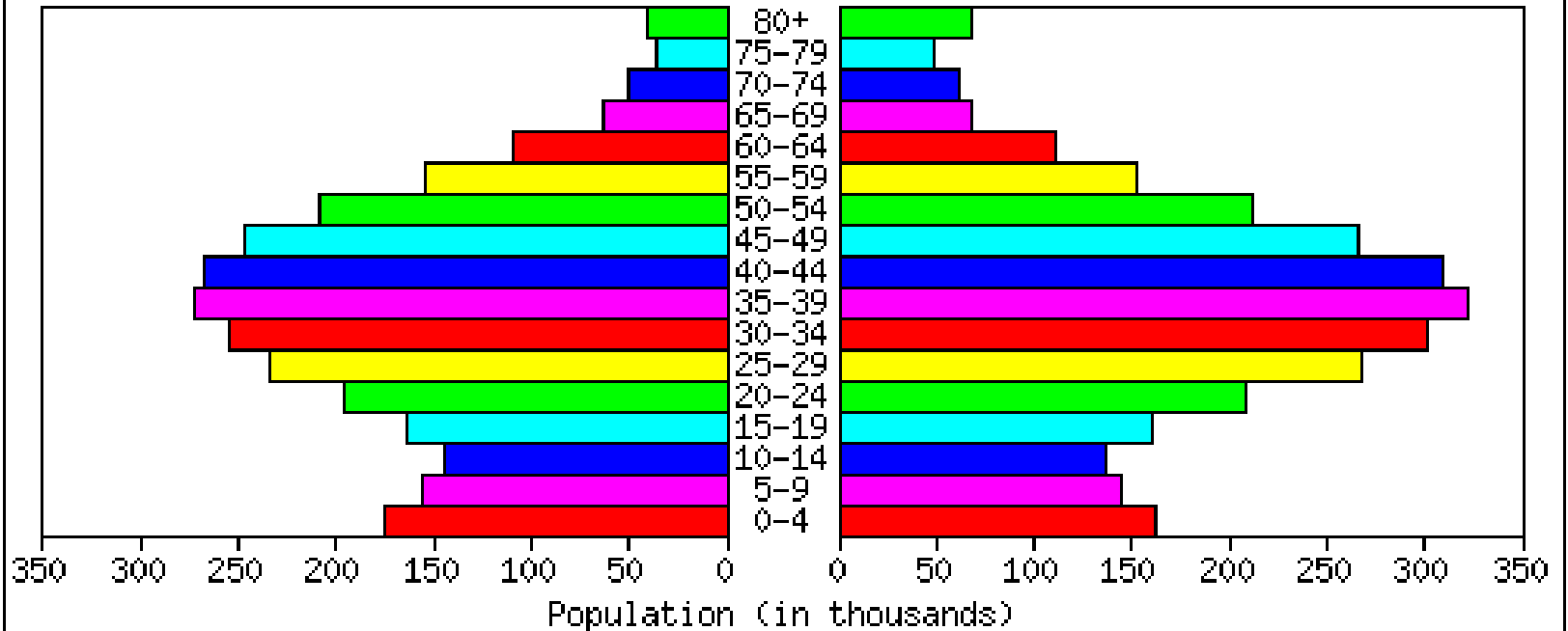


Source: U.S. Census Bureau, International Data Base.

### Singapore: 2010

MALE

FEMALE

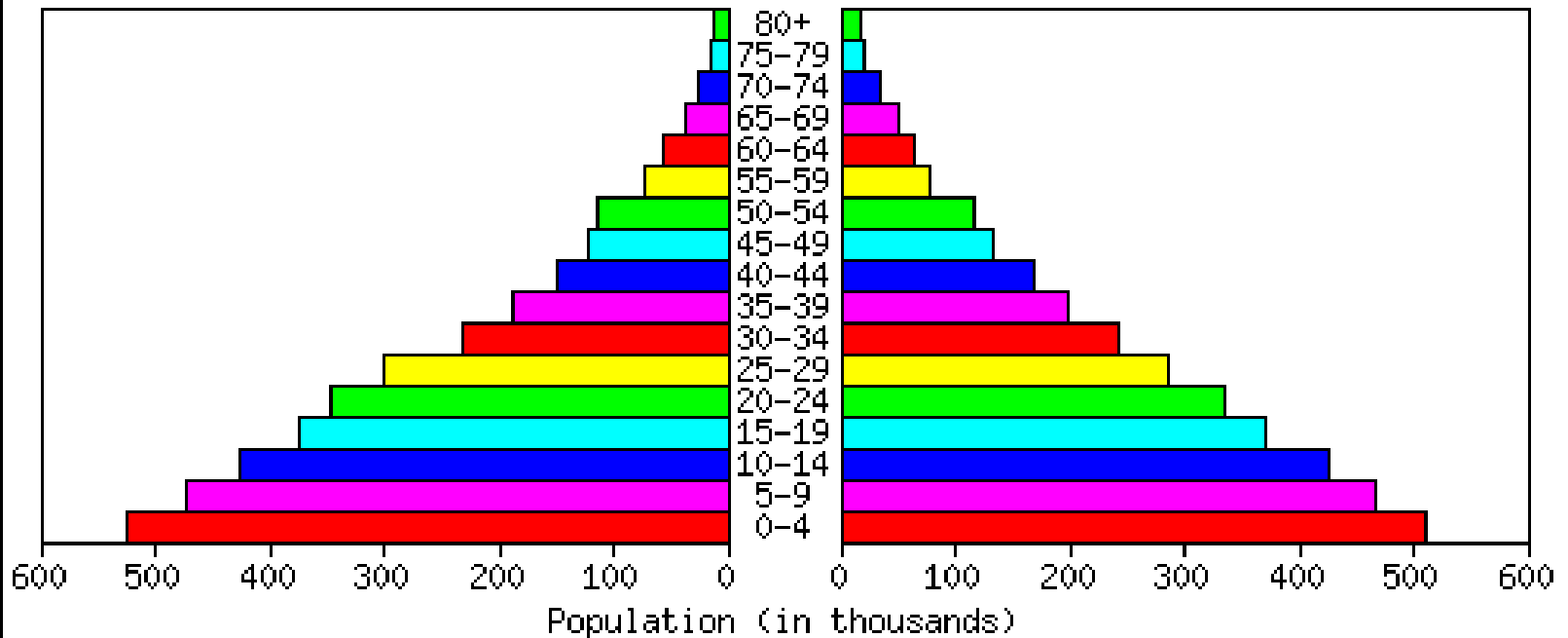


Source: U.S. Census Bureau, International Data Base.

### Laos: 2010

MALE

FEMALE

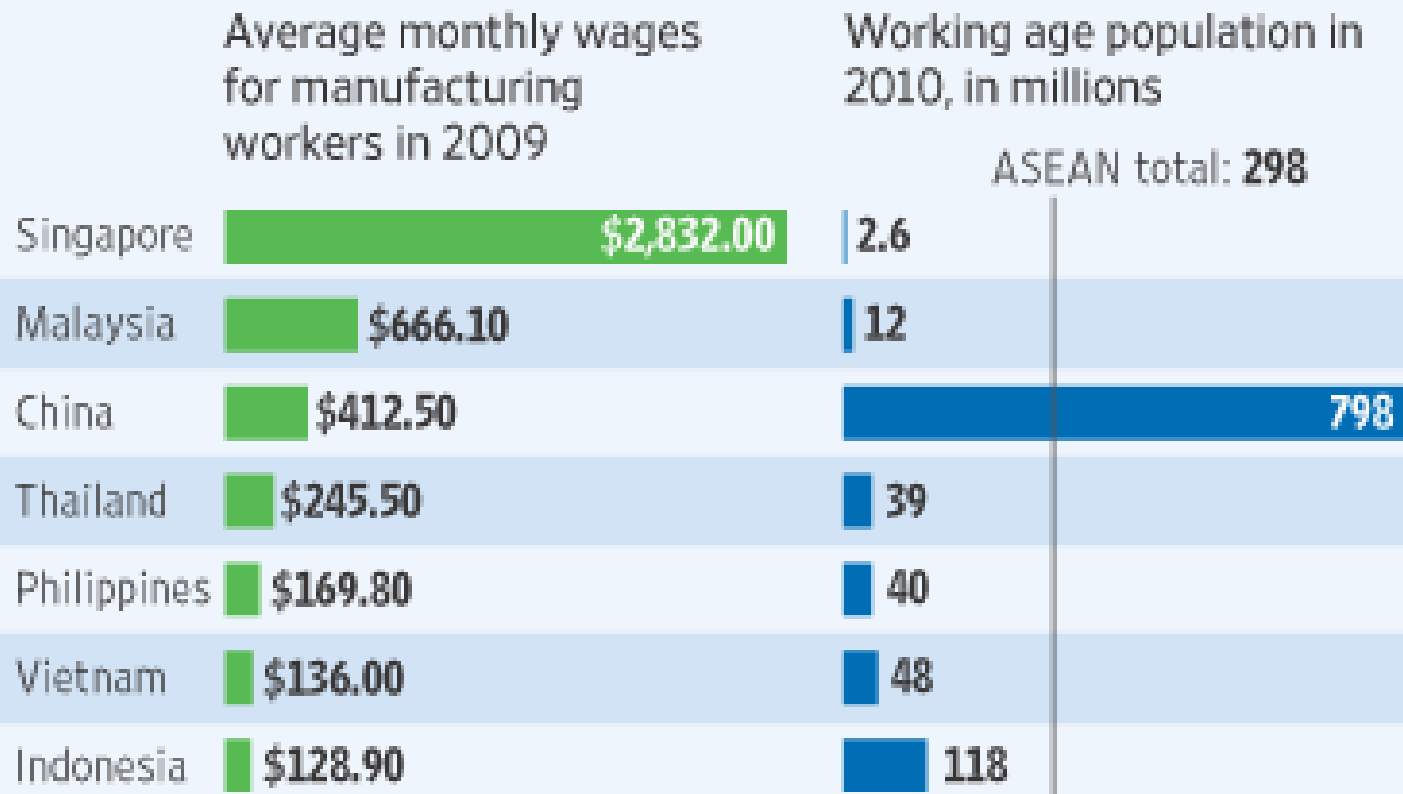


Source: U.S. Census Bureau, International Data Base.



# Labor Forces

As manufacturing wages increase in China, other Asian economies hope to take advantage by linking their labor pools through improved regional infrastructure and supply chains.



Sources: J.P. Morgan; CEIC; International Labour Organization

# Age entering Thailand



## Age 15-19 years

- 2004 = 14.5%    mean age = 26.7
- 2008 = 10.3%    mean age = 28.2
- 2010 = 13%    mean age = 27.95

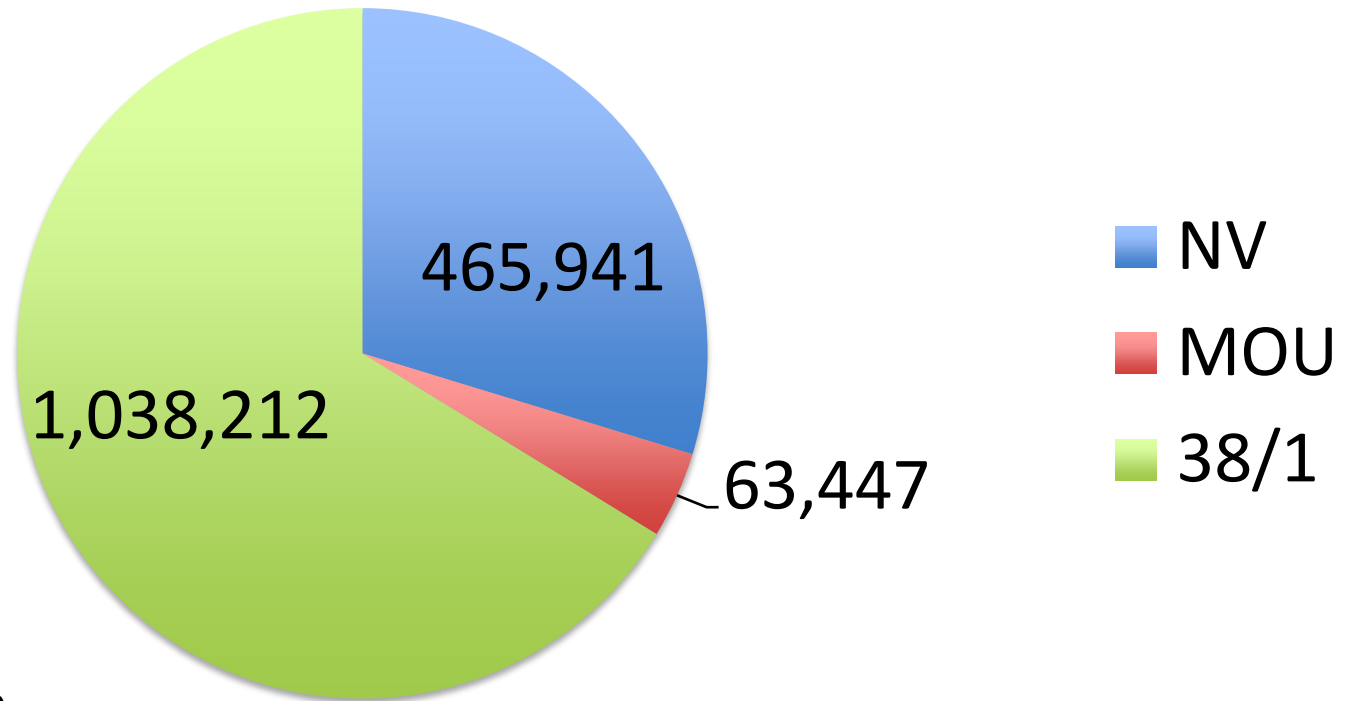
# Additional pressures on women

- Security – seeking a partner (friendship, economically)
- Entrepreneur pressure – lower wages, pressure not to become pregnant, pressure if pregnant, pressure when caring for children
- Pressure when child raising by government, inappropriate education, costly

# Thailand increased regularization

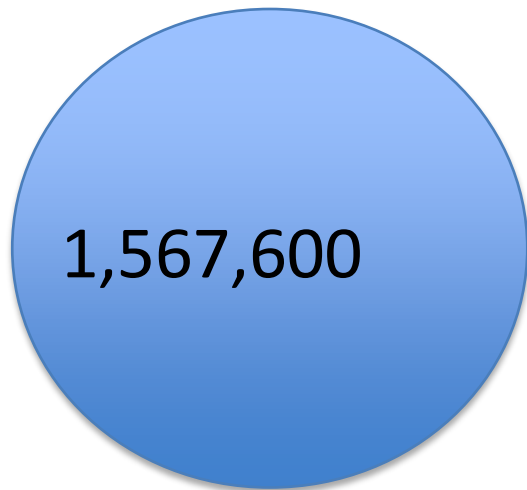


Registration Status

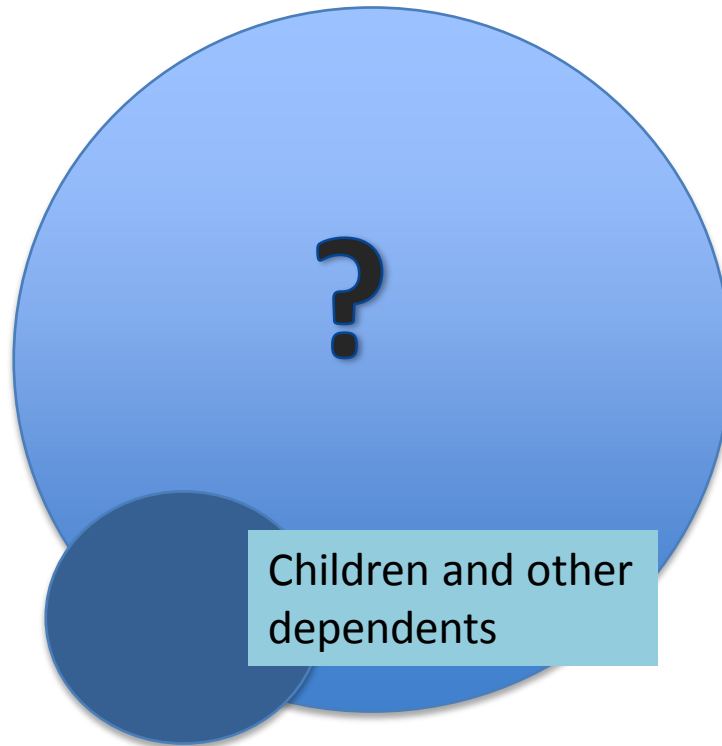


Total 1,567,600

# Unknown Undocumented Workers



Documented workers



Undocumented workers

# Migrants with Children

Source: Nartrudee



Children Dependents	Ranong	Tak	Samutsakorn	Total
0	26.0	44.7	39.6	36.7
1	31.7	24.1	26.0	27.3
2-3	34.3	23.9	32.6	30.3
4-5	5.7	6.0	1.8	4.5
6-11	2.3	1.3	0	1.2
Total	100	100	100	100
	(458)	(452)	(454)	(1,364)

# Desired Number of Children

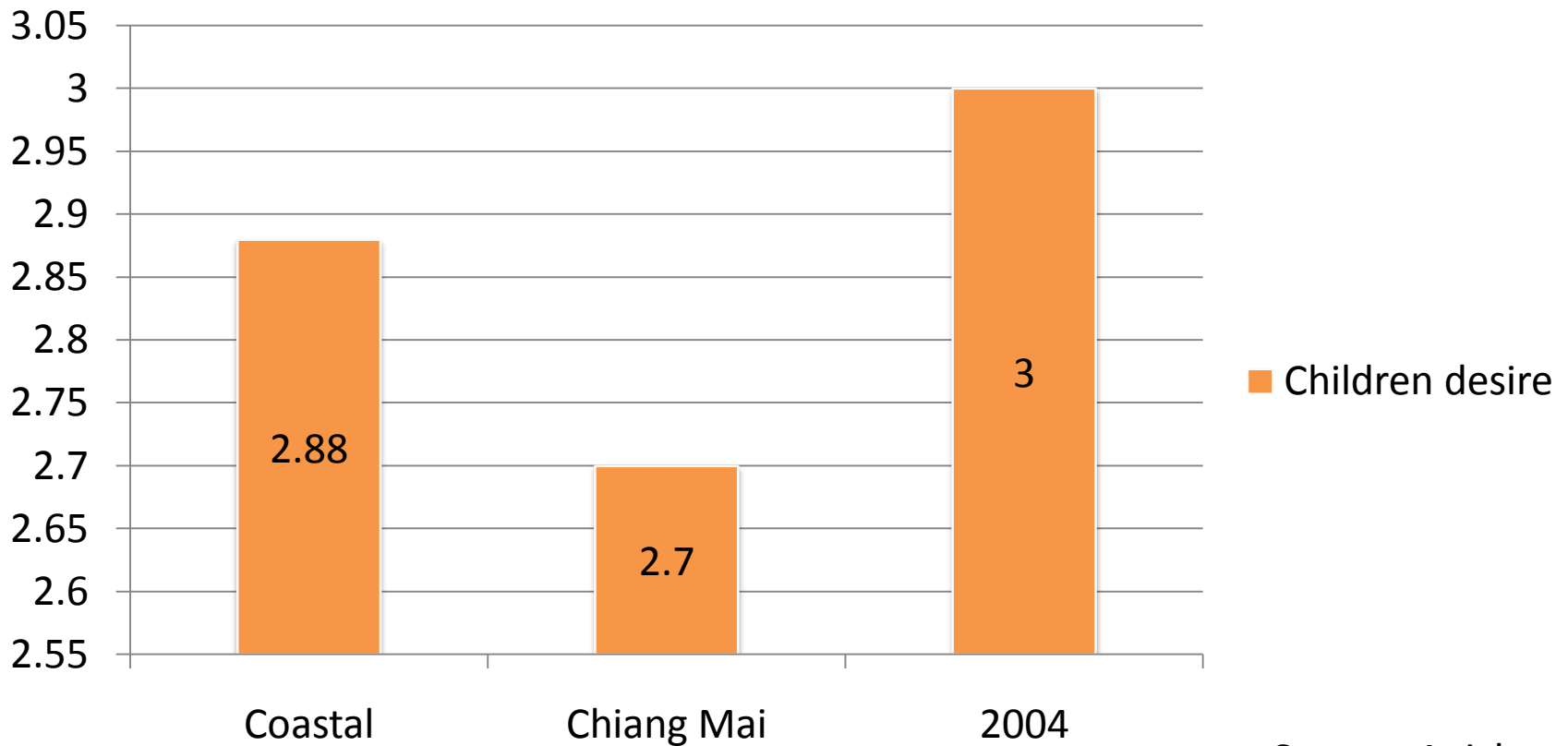
	Burma	Cambodia	Laos PDR
0	5.9	0.3	0
1	8.3	2.6	18.3
2	30.0	36.5	46.5
3	37.9	35.3	21.6
4	9.2	17.9	8.0
5	6.1	4.8	2.3
6 or more	2.6	2.6	3.3

Natrudee 2011

# Desire for Children 2008



Children desired

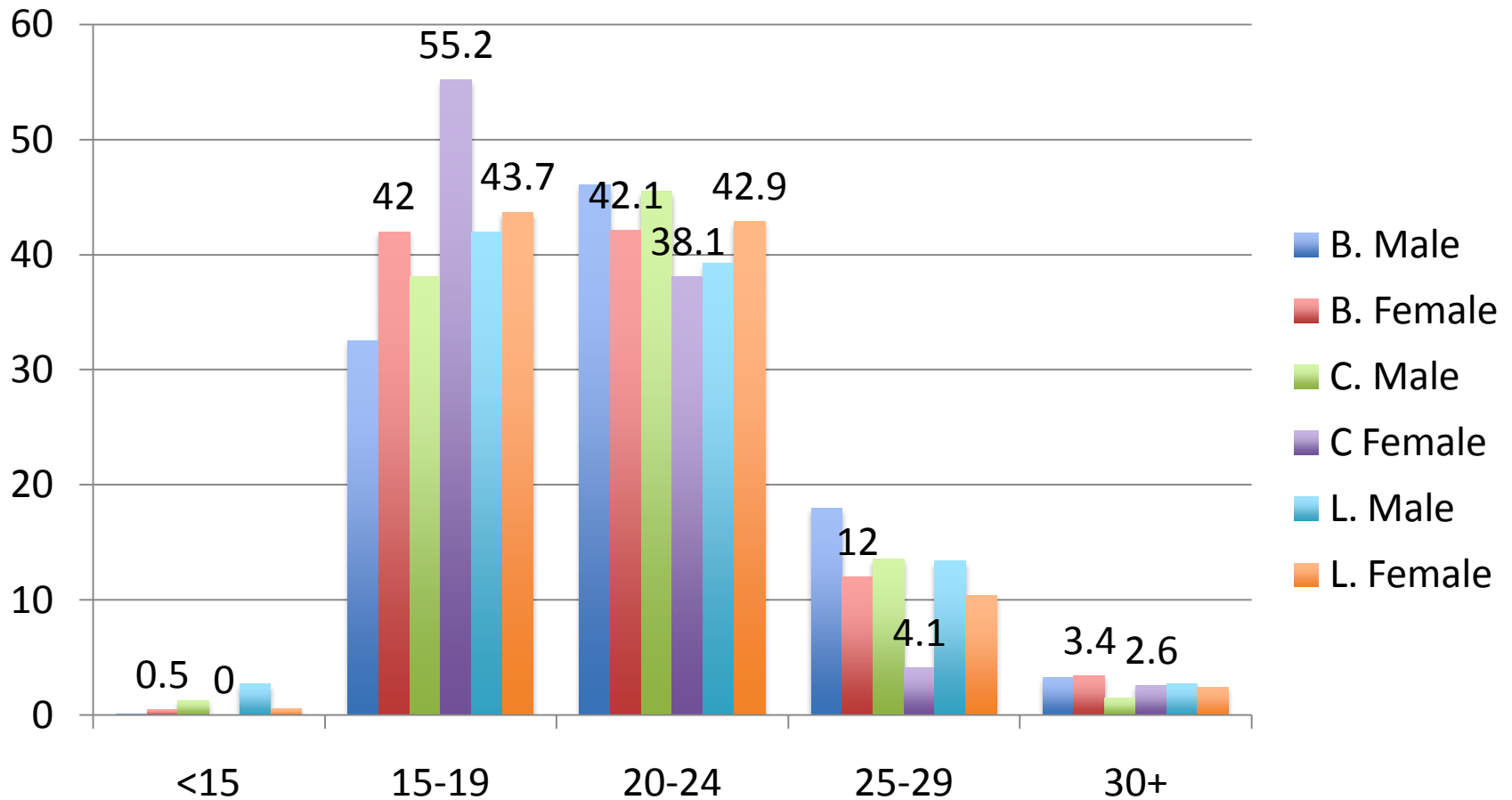


Source: Apichart



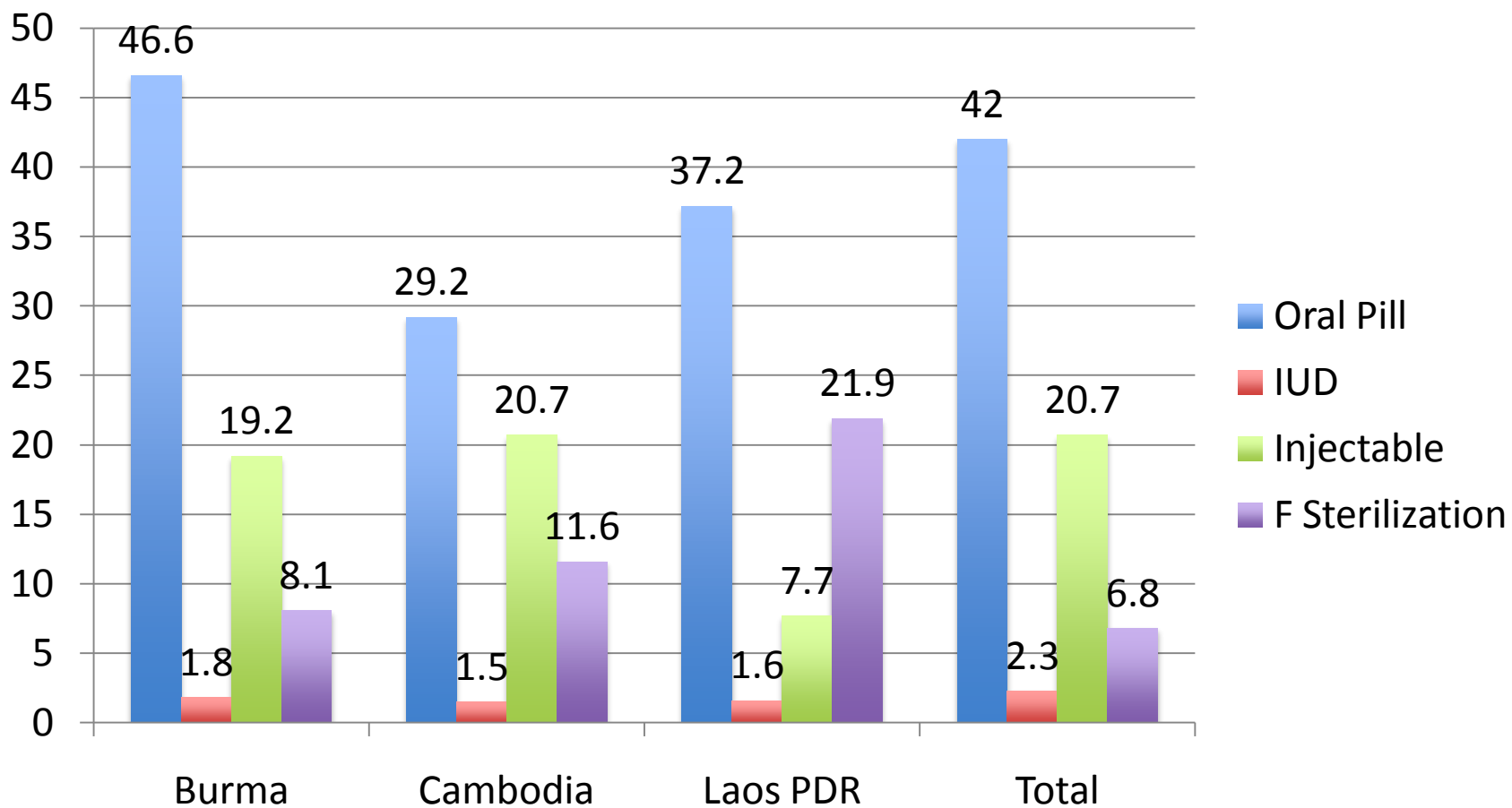
# Age at first sexual experience

Source:  
PHAMIT, Apichart 2010



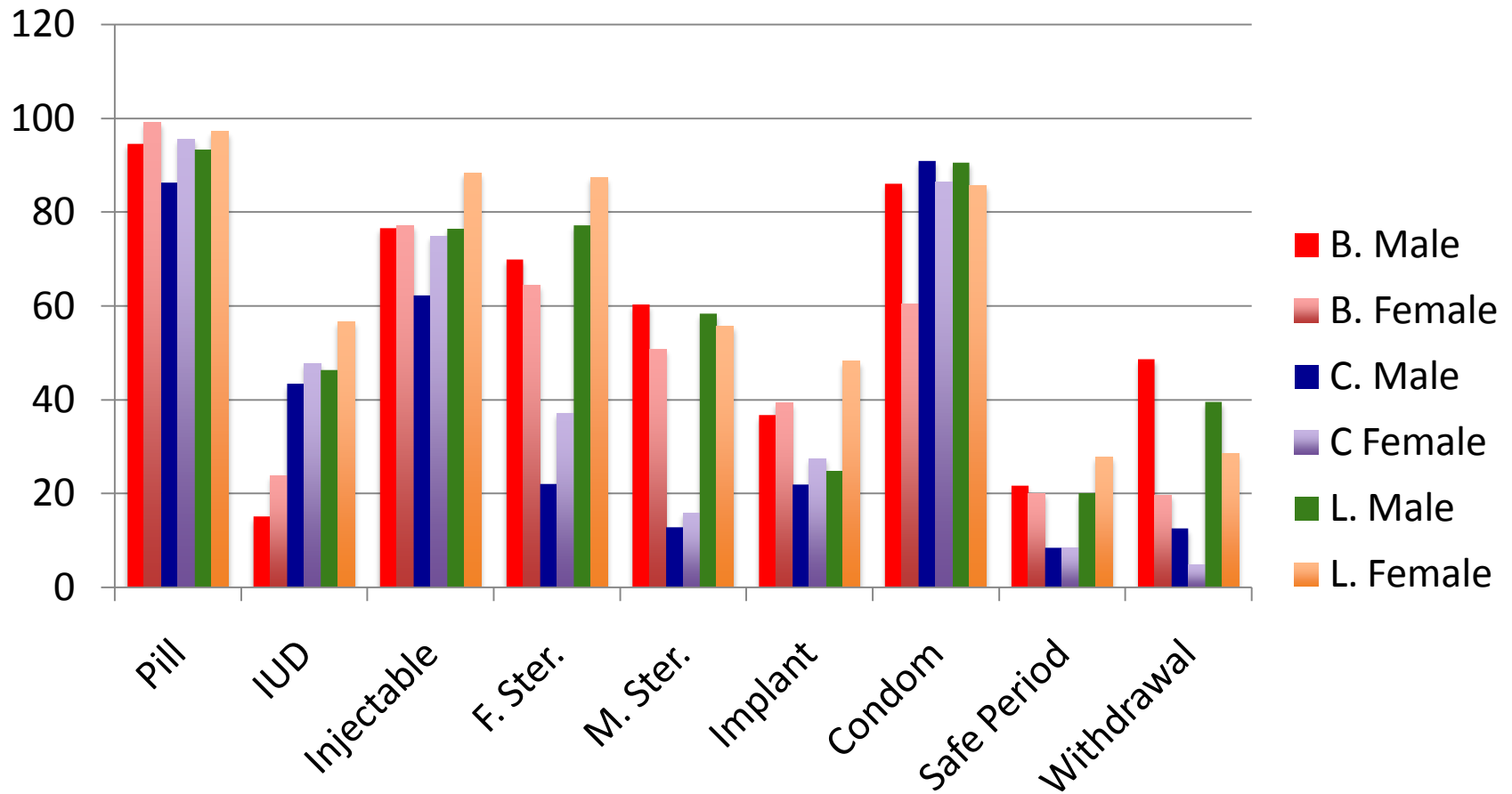
For all populations ever had sex was 62.8%

# Family planning

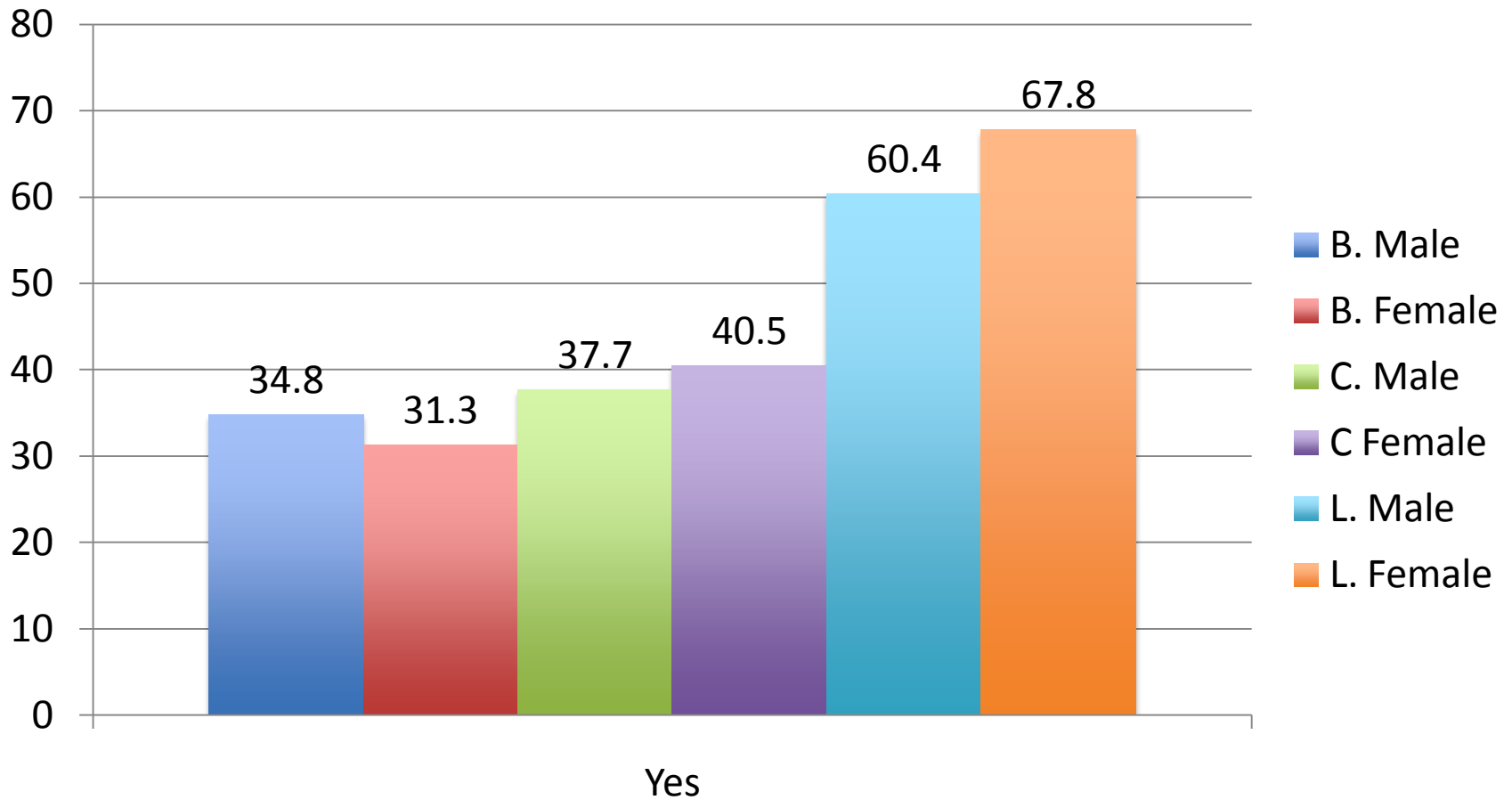


Source: Apichart

# Knowledge of contraceptives



# Homosexuality is OK



# Factors related to reproductive health

- Health insurance
- Health education in the languages of migrants
- Effective outreach programs at the migrant communities and workplace
- Trafficking, VAW, child labor
- Reaching young people
- Tailoring services to specific needs
- Contraceptives available
- PMTCT

# Migration and Sex Work

- Sex work cannot be documented
- Shift from brothels to karaoke and restaurants
- Increase in willingly sex work (no coercion)
- High level of mobility
- Very few have access to health insurance and health services

# More People's Movements

- ACSC/ APF - ASEAN CIVIL SOCIETY CONFERENCES /ASEAN PEOPLE FORUM
- AGPA – ASEAN GRASSROOT PEOPLE ASSEMBLY
- National level civil society – reach to migrant communities
- Migrant community networks

**Recommendations from the  
'Regional Workshop on the Review of the GMS  
Countries Existing RH Legislation, Policies and  
Services for Women and Women Migrant  
Workers  
24-28 September 2012, Phnom Penh, Cambodia  
organized by Raks Thai Foundation and CARAM  
Cambodia**



- **1. Review the existing legislations, regulations, policies and programmes of the ASEAN member states that impact on the sexual and reproductive health and rights of migrants and mobile populations, with a special focus on women and girls.** This should be taken within a broader human rights framework, recognizing the equality of persons and equal protection of the law of all persons (including all workers) in ASEAN member nations, with a view to the creation of an enabling environment that repeals punitive laws.

- **2. Promote better awareness and understanding of the relevant line agencies, including labour agencies, police and legal departments, to eliminate and address stigma and discrimination of migrants and mobile populations.** Special consideration should be paid to marginalized groups of migrants such as: the disabled, unaccompanied youth, LGBT (lesbian, gay, bisexual and transgender), sex workers, the elderly and undocumented migrants.

- **3. Enable access to full, comprehensive and quality sexual and reproductive health services for all migrants and mobile populations.** This should include, but is not limited to, the following:
  - Unrestricted access to full family planning services, a choice of contraceptive methods, STI and HIV prevention-related services, information and counselling, and treatment;
  - All migrants living with HIV should have access to a suite of anti-retrovirals (ARV); PMTCT
  - Information and education on sexual and reproductive health and rights in a language and format that is accessible;

- **4) Member States must take action to remove any barriers which impede access to reproductive health services.** This includes, but is not limited to: stigma and discrimination; economic, linguistic, and cultural barriers; the restriction of service provision to citizens; employer restrictions on migrant's freedom of movement, and geographic isolation.

- **5. Increase the awareness of migrant's human rights, and in particular their sexual and reproductive rights.**
- Migrant women, along with all people in ASEAN, should be able to exercise their right to have control over matters relating to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence. This includes the freedom to decide whether to have sex or not, whether to marry or not, whether to try to have children or not, and the freedom to choose sexual partners.

- **6. Eliminate gender inequality, gender based abuse and violence (GBV).** Action to prevent GBV should be premised on the principle of the equality of persons and equal protection of the law of all persons (including all workers).
- Governments in sending and receiving states should ensure that all migrant women have access to legal services, including legal protection, representation and compensation for gender discrimination and GBV. Furthermore, they should ensure that any victims of GVB have access to one stop crisis centers (OSCC), with psychosocial assistance.

- **7. Migrant and mobile populations, and especially women migrants, should be included in the development of all related policies and programmes.**
- A mechanism should be established to support their involvement, as well as investment in leadership training and community capacity building to ensure full and meaningful participation.



Signed by 68 CSOs

ASEAN LGBTIQ Caucus are outraged and disappointed by the forthcoming decision of the ASEAN Head of States to adopt the AHRD that intentionally excludes sexual orientation and gender identity (SOGI).



# Recommendation

- Include RH and HIV linkages in Country reviews – part of the Score Card