# SOCIO-CULTURAL INFLUENCES on the reproductive health of migrant women



A review of literature in Cambodia, Lao PDR, Thailand and Viet Nam



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#### **Foreword**

The right to access reproductive health information and services is a concern regarding migrant women. Barriers to accessing services are frequently institutional, exposing them to greater risk of illness than non-migrant people, and often excluding them from formal medical systems. Less understood are the socio-cultural factors that also play a key role in influencing the behaviour of migrant women, and their access to reproductive health services.

To gain a better understanding of the links between sociocultural factors and the reproductive health of migrant women in four Mekong sub-region countries — Cambodia, Lao PDR, Thailand and Viet Nam — UNFPA APRO commissioned a series of literature reviews, focusing on migrant women. This report synthesizes the findings from the four reviews and makes recommendations on how policy makers, employers and service providers could better address the reproductive health needs of migrant women.

The focus on socio-cultural factors is essential if we are to understand the multiple factors that impact on migrant women's behavior and preferences for health care. For many women, moving away from their places of origin is disruptive. Lack of familiarity with new locations, less access to traditional support systems, exposure to different lifestyles and influences, and vulnerability to exploitation and abuse are some of the factors that impact on their behavior and health. Without understanding the nexus between these factors and the more commonly documented structural factors that prevent migrants from accessing health care, we have only part of the picture. Behaviour is rooted in gender norms and traditions, cultural practices and beliefs: these need to be understood if the rights of any marginalized population are to be realized.

A key finding from the reviews is that migrant women's reproductive health needs are being neglected — apart that is from interventions addressing STI and HIV prevention which appears to be the main focus of service delivery targeting this group. Their needs include, but are not limited to: pre and post-natal care, maternal health and assisted deliveries for those wishing to have children; contraception, including emergency contraception, to prevent unwanted pregnancies and unsafe abortion; protection and care for those who have experienced violence, particularly sexual violence; and confidential counseling and non-discriminatory reproductive health information and services for all, irrespective of age, marital status, ethnicity and type of employment.

A holistic approach, that addresses the full range of migrant women's needs, and which empowers them to claim their own rights to reproductive health is essential. These elements are at the heart of the Programme of Action of the International Conference on Population and Development (ICPD), and central to the work of UNFPA. If realized, these rights would also contribute to the attainment of the Millennium Development Goals, particularly MDG 5, and also MDGs 3 and 6.

I hope that this report will provide insights and guidance to Government partners in the countries where the studies were conducted, as well as to the staff of UNFPA and other partners that are working to promote the rights of female migrants to enjoy a life of health and equal opportunity.

Nobuko Horibe

**UNFPA** Regional Director

Asia and the Pacific Regional Office



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