Migrant Women Discuss Sexual and Reproductive Health

Background to Women's Activities at MAP

The Women Exchange program of MAP is a monthly forum where migrant and refugee women from different ethnicities and different jobs can come together to share their experiences, learn how their peers have coped or how they have managed to improve their situation. The women can also invite guest speakers or friends to facilitate special sessions on topics of interest and can get experience in expressing their views openly and arguing their case. The first Women Exchange meeting was held on March 8th in 1999. Some of the women who attended moved to other places in Thailand and set up new exchanges there. Today the forums happen in 19 different locations including Chiang Mai, Bangkok, Maharchai, Sanklaburi, Mae Hong Song, Maesot, Maesaring, Phuket, Pheng Nga, Khokaloi, Kuraburi, Suratthani, Ranong, Hat Yai, Songkla ,Mae Sai and cross border in Kaw Thaung, Tachilek and Myawaddy. The simplicity and yet efficacy of the project has been so appreciated that other sister organizations have also replicated the project in other areas, so that it is estimated that in any month there may be 30 – 40 Women Exchanges happening among migrant women throughout Thailand and nearby.

Once a year, representatives from all the of the Women Exchanges meet at the Annual Women Exchange Get together. Between 200 – 300 women gather to attend formal plenary sessions with invited speakers from UN bodies, or media or leading women activists. Women then break into groups and get to attend 8 different sessions over the 4 days, on skills building such as data collection, developing community projects, para legal counseling on violence against women, and interest groups on issues such as global warming, sexuality, CEDAW. At the end of the day, all women can enjoy a variety of rejuvenation activities which have included in the past belly dancing, self defence, art activities, aerobics, vegetable carving, salsa. On International Women's Day they join with their Thai sisters in a public event celebrating women's resistance and power and enjoying a moment of freedom from the daily restrictions they endure at work, at home, from being viewed as the "other", from holding only very temporary and very precarious documents.

Overview of the Project

Access to information and health care is a challenge for most migrant women. Although those women who have registered in one of the government regularization schemes are eligible to use the national health service, there are many women who cannot register because they work in jobs that fall outside of the work permit system, such as sex work, or because the employers only register a "show percentage" of workers and keep the rest undocumented and easily exploited, such as in factories.

In August 2013, the Ministry of Public Health announced a new policy allowing any migrant to register for health care and also allowing children under 7 yrs old to pay 1 baht a day for health care. Nevertheless, access to health care is difficult for migrant women. Migrant workers sites are often far from city centres and migrants are kept segregated from the general population. They live on site. Migrant women building housing estates in suburbia live in shacks made out of the left over building materials alongside the mansions they are building. They depend on "market trucks" coming into the sites each evening to buy meat and vegetables. Organising a

trip to a medical centre involves discussions with the foreman, organizing transport, losing wages and if there are follow up appointments, the possibility of losing the job. Migrant women working as domestic workers in private houses are completely dependent on their employers for facilitating their access to health care. Still excluded from protection under the Labour laws despite a slight but ineffective change to the Ministerial Regulations, domestic workers have no complaints mechanism if they suffer health problems at work. Migrant women on rubber plantations go out at night to tap the rubber and sleep in the daytime. They live in the rubber plantations, often far from major roads. Getting to a health centre is again a major endeavour. Hospitals are thus seen as the last resort. Migrant women will only go to a hospital when they are already very sick. Going to a hospital or a clinic or anywhere for health promotion information and skills is a luxury of time, energy and resources that few migrant women have.

Migrant and refugee women from Burma face discrimination and abuse both in their home countries and in Thailand. These injustices are propagated by local authorities, employers, other members of their communities, and sometimes by other members of their own families. The types of abuse are varied and commonly include labour exploitation— under payment of wages, deductions from wages, confiscation of documents, and unsafe conditions. Some migrant women, particularly domestic workers also face severe forms of labour exploitation including confinement, no pay, no rest time, verbal and physical abuse, and/or trafficking. These abuses harm women both physically and emotionally. They destroy women's confidence and self esteem. They make what is already difficult almost impossible. Speaking out against abuse. Acting against abuse. It is already difficult because as migrant and refugee women they are considered to be temporary. Their right to be in Thailand can easily be taken away from them. They face multiple levels of resistance to exposing abuses, especially sexual abuse. The community itself attempts to placate the women, fearful that any action will bring attention to their community and thus threaten their security. The police are not pro-active in following up cases of abuse against women, and particularly migrant women, and when the abuse has been committed by a family member in the migrant community, they claim it is a migrant affair. Even agencies mandated with the protection of refugees or migrants have sometimes been reluctant to encourage women to pursue justice. In order to increase the safety and quality of life of migrant and refugee women, it is important that migrant women have strong support systems, including linkages with other migrant women, contacts with women from the host community and regional bodies.

Sexual and reproductive health rights, promotion and care should not be a luxury or a privilege it should be a right that migrant women can practice. There is of course no question that it is a right, but few have questioned how migrant women can practice this right, what needs to change for migrant women to truly exercise their sexual and reproductive health rights.

Migrant women live in a precarious world, where their livelihoods can be taken from them without warning by the Immigration, by the employer, by their husbands. Refugee women live in closed camps where The Women Exchange forums provide some stability, some assurance of visibility and connectivity. Through the Exchanges migrant women have sisters, across the country, they have a louder voice, they have support groups such as MAP but to make an impact more globally they need to be connected to networks of women who are in a position to advocate globally, the migrant women need allies. The women of Women Exchange joined with Asian-Pacific Resource & Research Centre for Women (ARROW) together with other women's grassroots organizations from Asia Pacific to explore how migrant women currently understand

reproductive and sexual health and what are the barriers to achieving true sexual and reproductive rights.

MAP Foundation conducted eleven special women's exchanges between May and August 2013, in eight different locations. Discussion topics ranged from barriers to accessing reproductive health services to domestic violence and unplanned and unwanted pregnancies. Between 20 – 30 migrant and refugee women attend each exchange. Exchanges are held wherever it is possible and safe for women to congregate and have some privacy from their husbands and employers. Often the places are crowded, hot and noisy. The women share and learn from each other. They look after each others children. They participate. They relax. These are not the traditional focus group discussion. They are more chaotic, more a women's space, more a women's support gathering. The information coming from the exchanges in the end is less important than the information shared, than the courage inspired. We try here to share some of the discussions, some of the topics and experiences.

Migrant and Refugee Women's Sharings

Access to Contraceptives

Most of the women in the Exchanges said that they only found out about contraceptives from their mothers, older sisters or friends. Most did not know about choices on contraceptives. Many women said that they had to buy pills from pharmacies near where they live or asked neighbors for assistance in obtaining them. They preferred to buy the contraceptive pills themselves instead of seeing a doctor, as it saves time and the pills are cheaper to purchase. At both the pharmacy and the hospital women faced language problems and could not get any detailed information, especially about possible side effects because they could not communicate.

Those few women who do have health insurance obtain their contraceptives from a hospital or local clinic. A nurse or doctor generally relays information the first time that they visit these facilities, but it is difficult for migrant women to understand the Thai language and thus the information is not properly conveyed. There were no discussions between the migrant women and the doctors regarding contraceptive methods. The doctors generally did a blood pressure test and then just gave the women the three month injection Depro Provera. In most places this costs around 4US$ a time.

In Mai Sai, migrant women were told that they would only be given health services during the afternoon starting in July 2013. Therefore, migrant women would only be able to go to the hospital in the afternoon, when they would have to wait a long time to meet with doctors/nurses. If they are unable to see the doctor/nurse during that time, they have to return the next day, requiring them to miss their job yet again and pay for a second day of transportation.

In areas where there are NGOs, some contraceptives may be provided free. In PhangNga, World Vision and the FED Foundation provide free family planning for migrants. The Mae Tao clinic in Mae Sot also provides free family planning services. MAP works with the local health authorities

to provide contraceptive pills to women on their worksites. All partners of the Prevention of HIV/AIDS Among Migrants in Thailand (PHAMIT) provide free condoms to migrant communities.

Some of the migrant women living in Chiang Mai had the opportunity to join the reproductive health workshops conducted by Adolescent Reproductive Health Zone (ARHZ) and therefore understood more about reproductive health than women living in other areas.

Pregnancy

Generally migrant women only go to the hospital once they know that they are pregnant. As discussed at the Mae Sot exchanges, only migrant women who have documents deliver their babies at the Mae Sot hospital. Migrant women who do not have documents opted to deliver at the Mae Tao clinic. At these hospital appointments, nurses or doctor explain how to take care of oneself while pregnant, how to be healthy, and what to eat or not eat while pregnant. All pregnant women are given an HIV test and if positive put on a mother to child prevention treatment. However, this treatment is often discontinued once the mother has delivered. HIV positive mothers are also not given clear guidance on what to do about breast feeding.

Discrimination Against Migrant Women

Migrant factory workers reported that they are dismissed from their jobs if they become pregnant. Some are allowed to continue working, but they are not permitted any special days off to make visits to the doctors, and if they do take days off they do not get paid for those days. Some domestic workers and shopkeepers are able to continue working prior to delivery, but that option is not common.

None of the women in the Women Exchanges had been given paid maternity leave, none of the women in the Women exchanges knew of any migrant women worker who had ever been given paid maternity leave. Most women either lost their job and could not return or took the time off unpaid and then returned when they were ready. According to the Labour Protection Act (1998)in Thailand, women are entitled to 90 days maternity leave of which the employer will pay full salary for 45 days. For workers contributing to the Social Security system, the Social Security pays the remaining 45 days. The Ministry of Labour has confirmed that migrant women are also entitled to paid maternity leave equal to Thai women and has encouraged NGOs to report abuses against this right. To date no such case has been brought through the legal system partly because it is very difficult to prove that the employer dismissed the worker due to her pregnancy. The employer will claim some other reason. And partly because this adds an extra pressure and stress on a woman who is pregnant. Nevertheless, it is hoped that such a case would be pursued in the near future.

The Women's Exchange discussions showed that 80 percent of migrant women had been instructed to go back to a local clinic or hospital 45 days after delivery. However, only 20 percent of these women went to their appointments, because most could not take additional days off of work or were not able to afford transportation.

Delivery

Most of the migrant women gave birth at a clinic or hospital. Only women working in orange fields, onion fields, rubber plantations, cornfields and other related farming occupations did not give birth at a clinic or hospital. They gave birth by with the assistance of a traditional birth attendant (TBA). One issue that arises as a result of this delivery method is that these babies cannot get birth certificates unless the TBA was a registered midwife. Migrants do not know that they must go to their district office in order to obtain birth registration for their children. Without a birth certificate, it is much more difficult for migrant children to attend Thai schools, it will be more difficult to prove relationship with parents and this could cause problems in the future with citizenship, education, health, inheritance etc. Mae Tao Clinic issues birth delivery certificates which may prove parentship but are not an official document in Thailand.

Unwanted Pregnancies

Due to the lack of consistent access to contraceptives and to the lack of choice of contraceptives available to migrant women, the women in the exchanges reported that there was quite a high incidence of unplanned and unwanted pregnancies. Some women, particularly married women, decided to go ahead with the pregnancies despite the financial difficulties. Some returned to Burma to have the baby or took the baby back to Burma to be taken care of by the family. For single women, giving birth was considered not only a financial burden but would also bring stigmatization to the woman and her family.

If the couple or the woman alone decided to terminate the pregnancy, in most places she had very few options available to her.

If the woman has information and access, the emergency contraceptive pill is commonly available in Thailand. Different forms of the ECP can be bought across the counter at most pharmacies and are not expensive. Postinor is used commonly by young Thai women and is also well known among young migrant women in factories.

The abortion pills, mifepristone and misoprostol are not available legally for termination. Misoprostol is a registered drug in Thailand but only for use in the care of peptic ulcers. Doctors and academics in Thailand have recently called for the drugs which have been approved by WHO for terminations.

Article 305 of Thai Penal Code states that abortion is illegal except in cases when it is committed by a medical practitioner and endangers the physical health of the mother or when the pregnancy is due to sexual offenses such as rape and incest. The Thai Medical Council's Regulation On Criteria for Performing Therapeutic Termination of Pregnancy, 10 November 2006 expanded the critieria to include cases where the mother was suffering from mental health problems, but in this case it would have to be certified by at least other than the one performing the termination.[i]

Legal terminations are thus difficult for migrant women or indeed any woman to obtain. A recent Public Health survey found that 28% of Thai women who had abortions were 15-19 years old, about 20% used illegal medicine and 20% were operated on by people who lacked the required qualifications The survey also found that 21.4% of women seeking abortion had

complications particularly excessive bleeding. With no access to safe, legal abortions, migrant women have to seek more clandestine and less reliable and safe methods. Commonly used is a liquid mixture of alcohol and herbal tonic, abdominal massage is another method used. Complications often arise and women must often seek further assistance for septic abortions and other complications.

In Ranong, it was noted that some women elected to get abortions with midwives in Kawthaung, on the Myanmar side of the border. This is particularly common among those women who cannot speak Thai and do not have documents. The women return to Ranong after giving birth.

Forced Sterilization

A migrant woman who participated in the exchange in Khokaloi shared her experience of delivering her baby in a hospital in Phang Nga in 2011 and then being sterilized without any consultation or without her consent.

Ma Yu Yu (named changed) recounted her experience of delivering a baby at the Mae Sot hospital in 2012. Nurses asked her to undergo an operation, almost certainly a sterilization procedure, but she refused. In response, the nurse said, “If you get pregnant again, don’t come to deliver here. You can go to deliver in Myanmar.”

A women’s exchange participant in PhangNga shared her experience of being subjected to forced sterilization. Five years ago she was told to enter an operating room at a hospital in the city in which she used to work. She did not fully understand what would be done to her, as she does not speak Thai, but instead just followed what the nurse indicated for her to do. She knew that she was operated on after she came out of the operating room, and now she is no longer able to conceive a baby.

Sexually Transmitted Infections

The SRHR surveys indicated that migrant women do not fully understand sexually-transmitted diseases (STDs) and other conditions affecting sexual health, notably HIV/AIDS, breast cancer and cervical cancer. Very few migrant women had heard about cervical cancer. They were not familiar with the option of getting tested at local clinics/hospitals for migrant women.

Although pap smears are available in all hospitals in Thailand there has not been a nationwide campaign to reach all women. However in 2011 Thailand started a campaign using the procedure known as VIA/cryo for visualization of the cervix with acetic acid (vinegar) and treatment with cryotherapy. This process can be done by a nurse, and only one visit is needed to detect and kill an incipient cancer. VIA/cryo is now routine in 29 of 75 provinces, and 500,000 of the 8 million women, ages 30 to 44, in the target population have been screened at least once. Nevertheless, none of the women in the Exchanges had ever been offered this method. The only women to have had pap smears were those who signed up for a test organized by the Community Health Education (CHE) project of MAP Foundation at a local hospital in Chiang Mai. In Khokaloi and Kuraburi, migrant women knew more about STIs, because World Vision

operates HIV/STI awareness initiatives in these areas. If they suspect that they may have contracted an STI, they can get assistance to be tested.

Domestic Violence

Every woman who attended the exchange had experienced some sort of domestic violence in her family. Previously, when they had experienced physical abuse by a family member or husband, they did not tell anyone about it. However, after they participated in the women's exchanges, they felt more confident in sharing with other women. They also noted the importance of talking with one another and running to a friend's house for help when these situations occur. If it is a very bad situation, they go to a women's organization. Commonly migrant women help each other with contacting organizations and seeking out counseling. Nevertheless, none of the women had ever themselves or knew anybody who had, made a legal complaint against an abusive husband or family member. While women could talk to close friends the community still blames the woman and any guidance given is always towards reconciliation and keeping peace in the community. The community leaders will often invoke the precarious situation of the migrant community and the fear that any involvement of the police will cause the community to suffer.

RECOMMENDATIONS

Reproductive Health

Working together, the Health authorities and NGOs, should develop a comprehensive Reproductive Health and General Well Being program for migrant women including:

- Mobile clinics visiting work sites and living quarters of migrant women
- Provision of illustrated information in migrant languages about a range of contraceptives
- Counselling and access to a range of contraceptives
- Following the WHO recommendation of provision of antiretroviral drugs to HIV positive mothers or their infants throughout the period of breastfeeding and until the infant is 12 months old as one of the first actions to moving towards comprehensive ART coverage for all migrants living with HIV.
- Provision of antenatal and post natal care for migrant women.
- Information and access to reproductive health screening with associated treatment available.

Maternity Leave

- The Ministry of Labour should start a campaign to inform migrant women of their right to maternity leave and should actively pursue and punish employers who abuse the law by either dismissing the worker on grounds of pregnancy or who do not provide paid maternity leave.

Birth Certificates

- All hospitals should have information available in migrants languages on how to obtain a birth certificate.
- Embassies of countries of origin should issue passports or Certificates of Identity to new borns.

Forced Sterilisation

- Hospital staff should be informed that forced sterilization is against the law and violates human rights.
- All efforts should be made to ensure that migrant women are not sterilized against their will, without their consent or through coercion.
- Migrant women should be informed of a complaints mechanism to report cases of forced sterilization.

Abortion Pills

- The Medical Council should review recommendations on the abortion pills, mifepristone and misoprostol to legalise their use in medical settings.

Violence Against Women

- All agencies, government, multi-lateral and NGOs, should work together to address prevention and redress issues of violence against migrant women.
- Migrant women who have been victims of violence should be issued with temporary stay permits to avoid any immigration problems during their legal case.

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[i] The Thai Medical Council's Regulation On Criteria for Performing Therapeutic Termination of Pregnancy, 10 November 2006.

No. 5.The therapeutic termination of pregnancy in accordance with Section 305 (1) of the Criminal Code shall be performed on the following conditions:

(1) In case of necessity due to the physical health problem of the pregnant woman or;

(2) In case of necessity due to the mental health problem of the pregnant woman, which has to be certified or approved by at least one medical practitioner other than the one who will perform the medical termination of pregnancy.

In the case of severe stress due to the finding that the fetus has, or has a high risk of having, severe disability, or has or has a high risk of having severe genetic disease, after the said woman has been examined and received genetic counseling and the aforementioned matters have been acknowledged in writing by at least one medical practitioner other than the one who will perform the medical termination of pregnancy, the said pregnant woman shall be regarded as having mental health problem according to (2).

For this purpose there shall be clear medical indications that the pregnant woman has physical health or mental health problem and the examination and diagnosis shall be recorded in the medical record and kept as evidence.

No. 6. The therapeutic termination of pregnancy in accordance with Section 305 (2) of the Criminal Code shall have evidence or fact leading to a reasonable belief that the pregnancy is caused by an offence under Section 305 (2) of the Criminal Code.

http://www.hsph.harvard.edu/population/abortion/Thailand.abo.htm