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**General debate on national experience in population matters:
new trends in migration — demographic aspects**

Statement submitted by Asian-Pacific Resource and Research Centre for Women, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.



Statement

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's non-governmental organization based in Kuala Lumpur that has been working since 1993 to advance women's health, affirmative sexuality and rights and empower women through information and knowledge and by monitoring international commitments, engagement, advocacy and mobilization. We work with national partners across the Asia-Pacific region and with regional partners from the global South as well as allies from the global North.

We welcome the focus on the theme "new trends in migration — demographic aspects" of the forty-sixth session of the Commission on Development and Population.

Migration is a key aspect of population dynamics and has become one of the key facets of this globalized world, spurred on by transport and communications technology and increased interdependence on goods and labour. According to the United Nations Population Division, in 2010, the Asia-Pacific region accounted for 32 per cent of the world's migrant stock, about half of whom were women. Migration in the Asia-Pacific region has primarily been for employment, although also due to other factors, such as education, marriage, conflict, natural or climate change-induced disasters, famine or development projects.

Migration can be a positive force. Migrant remittances can improve the lives of migrant workers' families and communities and are a major source of income for many sending countries. Destination countries also benefit economically and socially from migrant labour, as migrant workers provide skills critical for their societies and economies to run. Destination countries also collect a considerable income from levies on and higher taxes paid by migrant workers.

However, migration raises challenges related to human rights, particularly to sexual and reproductive health and rights. Migrant workers, particularly those who are undocumented or working mainly in sectors that are lower skilled, unregulated and in the private domain, the majority of whom are women, are among the most vulnerable social groups that are missed by policies and interventions.

Sexual and reproductive health concerns and violations of sexual and reproductive rights include migration and labour policies in the countries of origin and destination that can prevent migrant workers from enjoying and realizing their full sexual and reproductive rights.

(a) Migration and labour policies in both origin and destination countries prevent migrant workers from enjoying and realising their full sexual and reproductive rights;

(i) Policies often prevent less skilled workers from migrating with their spouses and children and prohibit them from having relationships with or getting married to citizens of the country of destination, continuing a pregnancy or delivering a child. Professionals and more skilled migrant workers are often exempted from these policies;

(ii) Even where sexual and reproductive health and rights are not an issue for heterosexual individuals and couples, in the majority of destination countries, the rights of people of other sexualities, including gay, lesbian and transgender

individuals, remain unrecognized. Migrating with their families is also not allowed and same-sex or transgender behaviour may be prohibited or a cause for termination;

(iii) Female migrant workers undergo mandatory pregnancy testing throughout the migration process. Pregnancy is an exclusionary condition in many destination countries, including in the Middle East and in South-East Asia. Pregnant women are found unfit for work and are either rejected from the beginning or face automatic termination of employment and deportation. Because pregnancy is a condition for rejection and deportation, many female migrant workers are forced to seek abortion, often in unsafe conditions. Unsafe abortion is one of the leading causes of maternal deaths and disabilities. The lack of women's rights prevents them from accessing maternal health services and leads to "stateless children" of women migrant workers;

(iv) International conventions and guidelines, policies against mandatory testing and ethical standards of practice are disregarded in migration situations. Research carried out in 16 Asian countries by the organization Coordination of Action Research on AIDS and Mobility Asia has revealed that mandatory HIV testing practices for migrants at all stages of the migration cycle are discriminatory and dehumanizing and result in the violation of basic rights. HIV-positive migrant workers are subject to rejection or deportation. This raises the issue of the risk of transmitting HIV and sexually transmitted infections to partners and others. Migrants are also often not provided with counselling or allowed access to referral and treatment services in either the host country or the country of origin;

(v) Higher user fees for non-citizens or permanent residents make access to health care even more difficult for less skilled migrants and virtually impossible for undocumented migrants, for fear of deportation. For domestic workers, accessing health care depends solely on employers, not only because of prohibitive costs, but also because the mobility of migrant women is limited;

(vi) Few countries offer health insurance for migrant workers. When available, it is often minimal, inadequate for addressing serious illness or injury and excludes contraception, pregnancy-related services, cancer screenings, such as cervical smears, the treatment of sexually transmitted infections or other sexual and reproductive health concerns;

(vii) Women migrant workers are not allowed menstruation leave, even in countries that offer them;

(b) Most migrant women have little or no access to sexual and reproductive health information and sexuality education. Very few pre-departure orientations address human rights, sexual and reproductive health and rights or sexuality issues. This lack of access combines and interacts with social factors, such as peer group influence, and structural factors, such as lack of protective policies and lack of access to services, to make migrant women vulnerable to sexual and reproductive health problems;

(c) Access to contraception is an issue, increasing the vulnerability of migrant women to unwanted pregnancies as well as sexually transmitted infections and HIV;

(d) Lack of access to services notwithstanding, migrant workers experience a variety of sexual and reproductive health concerns. For example, a 2002 survey of domestic workers in Hong Kong, China, by the organization “Achieve” reported various sexual and reproductive health concerns, including genitourinary infections (44 per cent), pelvic inflammation disorder (17 per cent), unintended pregnancy (13 per cent) and abortion (10 per cent). These revealed limited access to health information and services as well as stigma attached to seeking them;

(e) Migrant women, especially those in domestic work or sex work, which are often excluded from national labour legislations, commonly experience gender-based or sexual violence at the hands of authorities, agents and employers at all stages of the migration cycle. The Committee on the Protection of the Rights of all Migrant Workers and Members of Their Families, in its General Comment No. 1 on migrant domestic workers (CMW/C/GC/1), noted that women and girls are particularly at risk of being subjected to physical and sexual abuse by agents and intermediaries. They also experience psychological, physical and sexual abuse and harassment from their employers and from recruitments or intermediaries. Many migrant workers also become victims of sexual trafficking.

In view of the above challenges, we call on Governments and the international community to fully ensure that migrants, particularly women migrants and undocumented migrants, can freely exercise their human rights, including their sexual and reproductive health and rights, in line with existing international commitments and conventions, such as the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, conventions of the International Labour Organization and human rights instruments, such as the Universal Declaration of Human Rights.

More specifically, we call on Governments and the international community to:

(a) Ratify and fully enforce the International Convention the Protection of the Rights of All Migrant Workers and Members of Their Families;

(b) Recognize the gender inequalities faced by migrant women workers and take action to ensure that international, regional and national policies and programmes are gender-sensitive and to introduce policies and programmes to prevent, mitigate and eliminate gender-based and sexual violence;

(c) Ensure that all migrants, including women migrants, have universal access to comprehensive, quality and migrant-friendly sexual and reproductive health services, in both origin and destination countries. Such services should include the full range of contraceptive services, including emergency contraception; safe abortion services; maternal health services, including antenatal care, safe delivery care, emergency obstetric care and postnatal care; prevention, treatment and management of HIV and other sexually transmitted infections and reproductive tract morbidities, including reproductive cancers; prevention and treatment of infertility; services related to addressing sexual and gender-based violence; and adolescent sexual and reproductive health services. All of these should include prevention, information, counselling and treatment, and be offered within functional and integrated health systems;

(d) Provide programmes that empower migrants to make choices and decisions that affirm their human rights, including for bodily integrity and sexual and reproductive rights. Such programmes include the provision of comprehensive, rights-based information and education related to the human rights of migrants, sexuality and sexual and reproductive health and rights, in schools and at all states of the migration cycle. Pre- and post-departure training should include components related to sexual and reproductive health and rights and the human rights of migrants;

(e) Take action to remove all barriers to achieving migrants' rights, including their full sexual and reproductive health and rights, particularly for undocumented migrants and women migrants. Migrants' contributions, including that of low-skilled and undocumented migrants, should be recognized and privileges and rights should be based on residency, not citizenship status. Discriminatory and punitive policies should be reviewed and repealed, including mandatory HIV and pregnancy testing, work and travel restrictions, including deportation, due to HIV status or pregnancy, the criminalization of HIV status, abortion and sex work and restrictions related to marriage and family life, without discrimination to type of work or sexual orientation. Relevant Government ministries, including of immigration, the police, justice, labour and health, should undergo sensitization programmes on migrants' human rights, including sexual and reproductive health and rights;

(f) Make available and accessible migrant-friendly legal recourse to migrant workers at the national and international levels;

(g) Invest in universal access to sexual and reproductive health and rights, including for migrant workers. Research on the interlinkages between migration, gender and sexual and reproductive health and rights, as well as systems to monitor the implementation of commitments, should also be supported;

(h) Enable the meaningful participation and leadership of civil society and migrant workers' associations working on and representing migrants' rights and sexual and reproductive health and rights issues, including those of women migrants, in global, regional and national development processes.
