MIGRANT WORKERS IN SABAH, EAST MALAYSIA: THE IMPORTANCE OF LEGISLATION AND POLICY TO UPHOLD EQUITY ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR).

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Abstract

Sabah, located in Southeast Asia, hosts the highest number of non-Malaysian citizens (27.7%), predominantly the Indonesian and Filipino migrants compared to other states in Malaysia. Data on migrants’ sexual and reproductive health and rights (SRHR) in Sabah are scanty. Various migrant-related policies and laws are present but they do not offer full protection and rights to legal migrants in terms of their SRHR. The purpose of the laws and policies seems to be controlling the migrants from having any negative impact on the locals rather than protecting migrants’ health and rights. This affected their rights to marriage, having children, increase their vulnerabilities to labour trafficking and sexual abuse and, access to healthcare services. Female migrant workers and undocumented migrants form the most vulnerable sub-groups of migrants. This narrative review highlights the status of SRHR of migrants in Sabah and the migrant-related Malaysian laws and policies affecting their SRHR.

Keywords: migrant workers; sexual and reproductive health and rights; marriage migration; access to healthcare; migrant-related laws and policies; Sabah
INTRODUCTION

There are more than 30 million migrant workers in the Asia and the Pacific region in 2013. This region is also experiencing feminisation of migration as women comprised of 42 per cent of migrants in Asia and 50 per cent in Oceania [1]. The flow of undocumented migrants in Asia Pacific is the largest compared to other regions in the world and is mainly between neighbouring countries [2]. Myanmarese, Cambodians and Laotians accounted for 3.1 million of migrants in Thailand and half of them are undocumented [3]. In Malaysia, half of the 1.8 million registered migrants were from Indonesia in 2010 and it is believe that the ratio of legal and undocumented migrant in Malaysia is 1:1 [4]. Undocumented migrants are also refers to as irregular or illegal migrants; a person who, owing to unauthorized entry, breach of a condition of entry, or the expiry of his or her visa, lacks legal status in a transit or host country. The definition covers inter alia those persons who have entered a transit or host country lawfully but have stayed for a longer period than authorized or subsequently taken up unauthorized employment [5]. In this paper, these terms will be used interchangeably.

Migrant workers usually come from background of economic hardships and due to their lack of knowledge, skills and resources; hence they are usually employed for occupations with higher risks of work related injuries. Furthermore, the perception that migrants are merely short-term labour investment and a commodity leads to health and occupational safety often being neglected by employers [6]. Migrant workers’ barriers to health care access are attributed to their lack of familiarity with the health care system, language barriers [7] and lack of awareness of their rights and entitlements to health care as provided by their medical insurance [8].
Migrants who are undocumented rendered them to be at an extreme disadvantage. Due to their irregular status, they face insecurities in terms of their employment, income and restrictions to their access to healthcare and education. In a systematic review on health and access to care among undocumented migrants living in the European Union, it was reported that mental disorders are common and obstetric needs and injuries were key reasons for seeking care. [9] The barriers to accessing healthcare among undocumented migrants were fear of deportation [10], lack of awareness of rights and socioeconomics [9]. Furthermore, as they are undocumented, they are not captured in the national statistics [9]. They are also the most under-researched group hence making development of interventions specifically targeting them difficult. Their illegal status also caused them to not dare to seek legal redress from any unjust treatment [9].

There are a myriad of issues surrounding migrants and one area that has been given little attention is the sexual and reproductive health and rights (SRHR) of migrants. Research on SRHR in the context of migration is scanty in Asia Pacific region [3]. SRHR is not just pertaining to reproductive health per se but it is influenced by one’s status, gender, economic status, ethnicity, religion and culture in which migration has an impact on. Migrant workers may experience changes in their SRHR conditions, depending on the SRHR situation in their country of origin and their destination country [3].

In Asia Pacific where patriarchal norms and cultural values still exists in society undervalue women migrant workers especially those in the domestic work, as it is perceived to be a women’s work [3]. Furthermore, the increasing social independence
and economic power of migrant women workers threatens men’s masculinity and therefore men exploit women as a ways to show their status, superiority and power over women [11]. Female migrant workers are vulnerable to sexual violence, economic exploitation, physical and verbal abuse and labour rights violations [3].

Malaysia, located in Southeast Asia consists of 13 states and 3 federal territories. Sabah is Malaysia’s easternmost state and one of the two states (the other is Sarawak), which forms the East Malaysia. Sabah hosts the highest proportion of non-Malaysian citizens of 27.7 per cent (886,400) and they are primarily found in Sandakan and Tawau [12]. In Sabah, the two predominant migrants are the Indonesians (85%) and the Filipinos (15%) [13]. This is not surprising given the close geographical proximity between Sabah, Southern Philippines, Sulawesi, and North Kalimantan, Indonesia (Figure 1). These migrants consist of refugees, migrant workers and even illegal migrants, who are not documented in the national statistics of foreigners in the country.

<insert Figure 1: Geographical position of Sabah in Southeast Asia>

Female migrant workers in Malaysia are exposed to various forms of human rights violation. They received lower wages as compared to foreign male workers. They are prohibited from getting married and pregnant or else face deportation. Female domestic workers are especially vulnerable as their freedom of movement are restricted. They are also subject to long working hours with no compensation and at times they are vulnerable to physical, psychological and sexual abuse by their employers. Furthermore, undocumented female migrant workers are vulnerable to
sexual exploitation and some are tricked into prostitution [14]. Malaysia has ascended to the Convention on the Elimination of Discrimination against Women [15] and the International Conference on Population and Development Programme of Action, in recognizing women’s SRHR. However, Malaysia’s stand on women’s SRHR has yet to be fully extended to migrants in the country.

This narrative review examines the status of SRHR of undocumented or low-skilled migrant workers in Sabah and the influence of migrant-related Malaysian laws and policies affecting their SRHR. The information presented in this paper is a result of general assessment of published books, journal articles, national reports and official web-pages. The paper is divided into the following sections: demography of Sabah, the history of migration in Sabah, the impact of migration on the health of migrants in Sabah, gender inequity among migrants workers in Sabah; marriage migration, labour trafficking, sexual violence and HIV/AIDS, and, access and rights to sexual and reproductive health and services.

DEMOGRAPHY OF SABAH
Sabah population consist of 11.3% (3.2 million) of the total Malaysian population of 28.3 million [12]. From 2005-2013, the service sector is the major contributor to Sabah’s Gross Domestic Product [16]. Sabah has the highest poverty rate in Malaysia although this figure has dropped significantly from 30.4% in 1990 [17] to 8.1% in 2012 [18]. The life expectancy for male is around 75 years while for female is higher around 78 years and the total fertility rate was estimated to be 1.7 [19]. Sabah population is highly diverse with 32 officially recognised ethnic groups [20]. The
The largest ethnic group is the ‘Other bumiputera (indigenous people)’ followed by Kadazan-Dusun, Bajau, Chinese, Malay, Murut, and ‘Others non-bumiputera’ [21].

In 2011, Sabah is home to 171,459 of migrant workers [13] and is still the favourite destination for migrants in Malaysia. The reasons are due to; the proximity to Indonesia and the Philippines, economic opportunity, historical and cultural affinity, presence of family and kins, the role of estate supervisor, no families and hardship back at home [22, 23]. A study on Indonesian migrant workers in Tawau revealed that more women than men migrate to Sabah due to reasons such as follow their spouses and presence of partners, family or friends in Sabah [13].

THE HISTORY OF MIGRATION IN SABAH

The entry of Filipino and Indonesian migrants into Sabah has been well documented and can be dated back to the colonial period where they were employed as plantation estate workers [24, 25]. In the late 1960s, the civil war in Southern Philippines caused many of its people to flee their country and seek refuge in Sabah [26]. These Mindanao refugees are some of the earliest Filipinos in Sabah. Subsequently, the implementation of the New Economic Policy in 1971 in Malaysia saw another cohort of Filipinos entering Sabah. Many local natives left agricultural and plantation sectors in rural areas to work in urban towns for employment in the formal economy. They were also not interested in the 3D (dirty, difficult and dangerous) jobs namely, the construction and services sectors. Hence, Filipino and Indonesian migrants were brought in to fill the labour shortages to fuel the state’s economy [27, 28]. Later, by the late 1970s, more migrants entered Sabah to look for work, including
undocumented ones. Filipino refugees who are only found in Sabah are currently categorised as ‘people of concern’ by the UNHCR and there are estimated 80,000 of them by December 2013 (UNHCR, 2013).

Due to increasing migrants in Sabah, the Sabah Federal Special Task Force (FSTF) was formed in 1989 to handle and control on issues related to migrants. From March to August 1997, the reported number of foreigners by the FSTF was 585,796 of which 70.6 per cent was undocumented migrants. Of the undocumented migrants, 71 per cent were Indonesians and the remaining were Filipinos. In 2011, the number of foreign workers in Sabah was estimated to be 8.9 per cent and there is also a large proportion of irregular foreign workers who are unaccounted for [22]. In spite of this large numbers of Filipinos in Sabah, there is no Philippines Consulate in Sabah. The Philippine Government’s contention claim to Sabah is one of the main reasons that hinder the establishment of a consulate office here [29]. However, there is an Indonesian Consulate although with limited capacity to handle the migrants issues here [29].

THE IMPACT OF MIGRATION ON THE HEALTH OF MIGRANT WORKERS IN SABAH

Indeed migration can offer better economic opportunities and livelihoods for migrants, however, it can also puts them at the disadvantage due to the need to adapt to new environment, reduced securities in life, experiences of alienation and discrimination, reduced socio-economic status and language barrier. Generally, documented migrants in Malaysia are healthy persons upon entry due to the
requirement of the policy of mandatory testing based on the Malaysian Immigration Act 1959 that migrants must passed health tests before they are allowed to work in Malaysia. However, low wages, poor living conditions, and lack of access to basic necessities during their stay in destination country increase their susceptibility to health problems [30, 31]. The more worrisome group is the undocumented migrants in Sabah who are unregulated and unprotected by Malaysian migrant work and health policies and laws, hence, this predisposes them to health risks [32]. They also face problems with access to health care due to social stigma, cost and legal status [33]. All this can impact their health and well-being [34]; including their sexual and reproductive health and rights (SRHR). In Sabah, undocumented migrants, who are often poor, do not practise contraception, do not receive antenatal care and often deliver in an unsafe environment conducted by untrained birth attendants. They often present late with complications and have very poor outcomes. Documented migrants accounted almost 10% of maternal deaths in Malaysia and this occurred especially in Sabah, while the figure for non-documented migrants (12.8%) was higher in 2012 [35]. The maternal mortality rate in Sabah is the second highest (42.1/100,000 live births) in the country [17]. It has been said that the most marginalized and unprotected labour group in Malaysia is the female [36].

**GENDER INEQUITY AMONG MIGRANT WORKERS IN SABAH**

_Marriage migration_

SRHR among migrants is an issue to be reckoned with in Malaysia. Under the Malaysian laws, the unskilled and semi-skilled migrant workers are prohibited from
getting married while working in Malaysia or risk deportation if they do so [37]. They are also not allowed to bring in their family members. The Indonesian Labour Migration Survey (ILMS) found that more than half of the Indonesian migrant participants have desire to gain citizenship in Sabah [24]. This is no surprise as citizenships will allow them access to basic facilities such as education, healthcare, better economic opportunities and one way to gain citizenship for female migrants is through marriage.

In Malaysia, there are regulations, act and constitutions that govern marriages involving migrants in regards to granting citizenship. These may differ with the gender and social class of the migrant. The foreign spouse of a Malaysian man is entitled to be registered as citizen and this is clearly spelt out in the federal constitution and the Immigration Act 1959/63 (Act 155). However, this is not so for the foreign husband of a Malaysian woman. In general, foreign husbands do not have the right to stay, except for those who are skilled, professional, or investors. The foreign wife while, given the opportunity to register as citizen still faces multitude number of challenges to do so.

Limited data is available on marriage migration in this region. The Malaysian government does not publish official statistics on the number of international marriages yearly. Nevertheless, the Ministry of Home Affairs releases figures to the media, hence some data are available to the public. There were almost 34,000 marriages between local men and foreign women and 11,112 between local women and foreign men between 2001 to June 2005 in Malaysia [38]. Statistics from the Sabah Islamic Religious Affairs Department recorded that almost 11,000 Muslim
foreign women married local men and about 8,900 Muslim foreign man marrying local women between 2000 to 2012 [39]. The prohibitions immigration policies imposed did not stop marriages among migrants and local. Loop-holes in regulations and procedures has been used by migrant workers in Malaysia to gain legality [40].

A study done in Tawau, Sabah showed that there are almost 60 percent of Indonesian women migrant workers who are married and living with their spouses in Sabah. However, less than half of the proportion practiced any form of contraception. For those who stopped using contraception, the main reason was they wanted to have children [13]. Most migrant marriages are conducted through customary or religious rites, solemnised by people in their community [4, 41]. These marriages are not recognised by the Malaysian laws and causes registration problems of children born leading to ‘stateless children’ or children without documents [42]. By 2009, there were approximately 52,000 stateless children in Sabah [41]. The concerns surrounding these children are that they are not entitled or have very limited access to public health and education services as well as contributing to dramatic increase in the number of illegal immigrants. This situation has raised a lot of concerns locally, nationally and even international level [29, 42, 43].

There has yet to be a solution for addressing the issue of stateless children in Malaysia by the Malaysian government. There are concerns that granting these children with Malaysian citizenships may alter the demographic make up of Sabah [42]. Furthermore, undocumented migrants are perceived by the locals to be the caused for increasing crimes and social problems [13]. Local authorities and media viewed the children as a criminal element [43]. Recently, the Sabah Community Development
and Consumer Affairs Ministry proposed that solutions to legalize these children would be to hire these children as legal foreign workers when they are older [44].

Other solutions to the issue of statelessness is for the children to claim citizenship from their parents country of origin and this can be done in the Indonesian consulate in Sabah, which issues birth certificates and passports for the children of its nationals. However, for Filipino migrants, cost is an issue for them to travel to their consulate, which is located in Kuala Lumpur, Peninsular Malaysia. Furthermore, Filipino refugees with IMM13 cards (given to refugees and their descendants) are unable to leave Sabah. Many also do not know the existence of mobile registration unit which visits Sabah occasionally. Nevertheless, despite existing measures to prevent one’s statelessness, the migrants prefer to remain undocumented and to wait for Malaysian citizenship as they perceived themselves to be ‘Malaysians’ [42].

_Labour trafficking, sexual violence and HIV/AIDS_

The FSTF indicated that large numbers of migrant women were hired as domestic workers as well as in hair saloons, restaurants, recreation clubs, supermarkets, stores and night joints [25]. Commercial sex worker may be voluntary or forced, independent or through agents [45]. In Malaysia, prostitution or activities related to it is liable to punishment under the Penal code section 372 [46]. The Immigration Act 1959/1963 bars the entry and employment of ‘prohibited classes’ of individuals, including ‘any prostitute, or person, who is living or receiving or who, prior to entering Malaysia, lived on or received, or proceeds of prostitution’ [37]. The law
and the stigma surrounding ‘sex’ makes it impossible to determine the actual number of migrants involved in commercial sex, sexual violence or abuse. Data are limited to few qualitative researches, media reports, which is often sensationalized and from organizations or individuals concerned on this issue [47, 48]. The number of sex workers is usually derived from arrests of suspected foreign sex workers, which will depend on frequency of police raids. An old data on the number of sex workers in Sabah and a few states in Malaysia is shown in Table 1. This gives a broad picture of the migrant involved in this activity [49].

<insert Table 1: Number of suspected foreign sex worker in Sabah and other states of Malaysia between 1989 and mid 1992>

Migrants are mostly forced into the commercial sex trade following deceptive recruitment practices for legal work in Malaysia [47, 50]. These women are often promised jobs and other allowances by employment agencies but later forced into vice industry with none of the allowances leading to debt bondage [47].

The plight and vulnerability of the migrant commercial sex has been highlighted in many publications including the media [34, 47, 48]. It was also highlighted by the United Nations Special Rapporteur on trafficking, Maria Grazia Giammarinaro during her recent visit to Malaysia in February 2015. She reiterated that it is prevalent in the country that young foreign women and children are trafficked, brokered into marriages with older man or recruited into supposedly legal work but later on forced into commercial sex trade [51]. This year, the U.S. Department of State’s Trafficking in Persons Report upgraded Malaysia from Tier 3 (lowest rank) in 2014 to Tier 2
Watch list, which indicates the government is making significant efforts to eliminate trafficking by complying to the minimum standards of the Trafficking Victims Protection Act’s (TVPA) [52, 53].

Both commercial sex and the domestic migrant workers are at risk to unwanted pregnancy, unsafe abortion, sexually transmitted diseases and issues relating to their sexual reproductive health.[54] They are at higher risk to diseases than local sex workers or domestic workers. They are usually least powerful; their access to services and information is often limited by lack of civil and legal status. Their freedom is often restricted, they maybe bonded or trafficked, have language difficulties, cultural barriers, mistrust and fear of authorities [55]. It is well documented that those who work in the sex-related sectors were also at increased risk of contracting HIV infection [32].

Migration has been highlighted as one of the significant factors for the rapid transmission of HIV [56, 57] but this has also been disputed [58]. In Malaysia, HIV/AIDS was first reported by the Ministry of Health in 1986. By the end of 2013, there were 101,672 HIV cases. Until 2010, HIV cases among foreigners were reported to be 1,596. Interestingly, despite hosting the largest number of non-Malaysians in the country, there was only 1,167 HIV cases reported in Sabah, which is one of the lowest among other states in Malaysia [17, 59]. This may be partly due to the Policy of Mandatory Testing which requires migrant workers to go for periodic medical examination for three times in order to apply for or re-new their employment permit in the first three years of arrival in Malaysia. Those who found to be HIV infected will be deported within three days [25]. However, it should be noted that there are
also some migrants who did not go through any health screening prior to coming and during their stay in Sabah [13] and as well as presence of undocumented migrants. Moreover, Sabah receives a large number of tourists who are not subjected to the mandatory testing. The link between migrants and the spread of HIV/AIDS warrants more research.

Nevertheless, the Policy of Mandatory Testing subjects migrants to various violation of their SRHR. Firstly, expatriates and tourists are not required to undergo the mandatory testing. This reflects the discriminatory and biasness of the policy against low-skilled migrant workers [60]. Secondly, the quick deportation renders post-test counselling and treatment impossible. Thirdly, migrant workers who underwent these medical testing procedures were not given proper information on what they are testing for. Fourthly, there were also no pre-test and post-test counseling and they were not prepared for or informed of the outcomes of the test [60]. Fifthly, the migrants were also not educated about HIV/AIDS prevention or infection [14, 60]. Sixthly, the confidentiality of results in mandatory HIV testing is another issue [61]. Lastly, female migrants are also tested for pregnancy when pregnancy is not a disease. If they are found to be pregnant, they would be deported [60].

The Malaysian government acknowledges the problems affecting the migrant domestic workers, the existence of commercial sex workers and human trafficking. There have been many significant efforts to curb these problems. In 2007, the law on anti-trafficking in persons and anti-smuggling of migrants were introduced. A council against trafficking and smuggling of migration (MAPO) was established under a provision in this act [62]. The Act was further broadened in November 2010 to include
all actions involved in acquiring or maintaining the labour or services of person through coercion [63]. The number of convictions under this law and efforts to increase public awareness on trafficking was increased in the recent years. The Malaysian authorities in 2010 convicted 11 sex trafficking offenders and three individuals involved in labour trafficking compared to seven trafficking offenders convicted during the previous year. Much effort has been placed by the Malaysian government to increase awareness on anti-trafficking among the public through print media, radio, and television. Many international organizations and NGOs especially women’s group such as Malaysian Human Rights Commission (SUHAKAM) are also involved in curbing these problems [14].

Access and rights to sexual and reproductive health and services

The provision for female migrant workers’ SRHR in Sabah can be observed in the Sabah Labour Ordinance 1950. This Ordinance is similar to the Malaysia Employment Act 1955 [37] except that it is only applicable to employees earning wages of RM2500 (USD 675) and below regardless nature of work [64]. The Ordinance/Act provides that female workers cannot be dismissed during their maternity leave, that they are eligible for 60 consecutive days of maternity leave and those with less than five children are also entitled to financial allowance during maternity leave, either the rate of her work pay or at least RM6 per day, whichever is higher [36]. However, these provisions in the Ordinance/Act do not apply to migrant domestic workers. The Malaysian government does not acknowledge domestic work to be a form of work hence they are not provided the same rights and entitlements as other workers [65].
Studies have also shown that migrants have low utilization of public outpatient healthcare services and late initiation of antenatal care [24, 31]. In a study conducted among local citizens and migrant women in Sabah, it was found that migrants who attend to their antenatal care only do so when their pregnancy was as late as seven months as compared to local natives who initiate antenatal care in the first three months of pregnancy [31]. When they register and deliver at the maternal and child health clinics, this confers birth certificate or citizenship to their newborns [31]. In addition to the late initiation of antenatal care, significantly more migrants reported not using any form of contraception and had never attended antenatal care during any pregnancy compared to local natives [31]. Ministry of Health Sabah reported that the use of outpatient public health facilities by foreign population in Sabah was generally lower compared to locals from year 2000 to 2010. A reason for this could be some migrants utilize health care facilities provided by their employers [24]. Also, migrants in Sabah rarely sought health care from public health facilities but instead sought alternative healthcare providers or practices [32].

Cost is a significant barrier in accessing healthcare services for migrants given their low wages. The Malaysia’s Double Fee policy further compounds migrants’ access to health care services. The Policy requires foreigners to pay almost double the amount or even more for treatment fee paid by a Malaysian [14]. For example, they have to pay RM15 (USD 4.20) for consultation with general practitioner and RM60 (USD 15.80) with a specialist, while, Malaysians only pay RM 1 (USD 0.26) and RM5 (USD 1.30) for the respective consultations [66]. Despite high health care costs, some illegal migrants would seek private health care as they are not required to present their identification cards [32]. Furthermore, while employers may provide their migrant workers with healthcare facilities, some may not extend this benefit to their family
Ministry of Health Sabah also reported there was a high utilization of inpatient and delivery services in public hospitals among migrants even though they are more expensive [24] and is not subsidized by the government. There were 122,882 births by migrants in the hospital in Sabah from the year 2000 to 2011 [67]. There have been reports that migrants who were hospitalised absconded before being discharged [68]. Due to the huge amount of unsettled public hospital bills in Malaysia, the Ministry of Health enforced that foreign workers in Malaysia must be covered by the Hospitalization and Surgical Scheme for Foreign Workers in 2011 [69]. The premiums for this mandatory medical insurance is RM120 (USD 31.50). In Sabah, employers are obligated to pay for plantation workers and domestic foreign workers [70]. The fact that this insurance scheme was implemented by the Ministry of Health and not Ministry of Human Resource due to high amount of unsettled bill in public hospitals, raises the question whether the Malaysian government is concerned for the welfare of migrant workers [69]. In the event of disability or death, migrant workers are also eligible to be compensated from their employer under the Workmen’s Compensation Act. However, this is only provided if the employer purchases a medical coverage for the migrant worker as they are to insure their liabilities under the Act [69]. This scheme was said to incurred a high liability for employers [71]. Therefore, some employers may not purchase medical insurance for their employees nor pay for their medical costs.

SUMMARY

This paper highlights the complexity of SRHR of migrants in Sabah and the migrant-related Malaysian laws and policies affecting their SRHR. There is a dearth of data...
available on migrants SRHR in Sabah. All the migrant-related policies and laws are only applicable to legal migrants who have proper documentation upon their entry to Malaysia. However, it can still be seen that these laws and policies does not offer full protection and rights to legal migrants. Rather than protecting migrants’ health and rights, the purpose of these policies seems to be controlling the migrants from having any negative impact on the locals. And what about undocumented migrants who are not at all protected by these laws and policies? They form the most disadvantage group and their presence is even criminalised under the Malaysian laws due to their legal status. Migrants form a significant proportion of Sabah’s population and regardless whether their presences are received or not by the local community, they have shaped Sabah’s history and contributed much to the state development. With this, the migrants in Sabah has every rights to attain the highest standards of health including SRHR and Malaysia has an obligation in ensuring their rights are respected, protected and fulfilled.

Practice points

- To increase awareness among public on the plight of female and undocumented migrants
- Revision of the migrant-related laws and policies in Malaysia that would enable low-skilled migrants and domestic workers to exercise their SRHR.
- Solutions to the issue of stateless children.
- Increase access to health care among migrants in terms of cost and quality of service
- Malaysian government to be more committed and takes actions in upholding the SRHR of migrants.
Research agenda

- There is a need for more research or a larger scale study to obtain comprehensive baseline data on migrants’ SRHR.
- Research should include collection of data on prevalence of contraception use, abortion, sexual transmitted diseases, sexual violence, marriage migration and, pattern on access to or utilization of SRHR information and services.
- Future research should also include undocumented migrants.
- The link between migrants and increase social ills and diseases needs to be research-proven
- Evidence-based appropriate and targeted interventions can be developed to improve the migrants’ SRHR.

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None

Conflict of interest

None declared
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Table 1: Number of suspected foreign sex worker in Sabah and other states of Malaysia between 1989 and mid 1992

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Sabah</th>
<th>Sarawak</th>
<th>Johor</th>
<th>Other states</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thais</td>
<td>51</td>
<td>134</td>
<td>1,785</td>
<td>686</td>
<td>2,656</td>
</tr>
<tr>
<td>Filipinos</td>
<td>706</td>
<td>553</td>
<td>24</td>
<td>13</td>
<td>1,296</td>
</tr>
<tr>
<td>Indonesians</td>
<td>2,197</td>
<td>194</td>
<td>95</td>
<td>71</td>
<td>2,557</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>11</td>
<td>8</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,956</strong></td>
<td><strong>892</strong></td>
<td><strong>1,912</strong></td>
<td><strong>791</strong></td>
<td><strong>6,551</strong></td>
</tr>
</tbody>
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Figure 1: Geographical position of Sabah in Southeast Asia
Highlights

- Pregnant women migrants and migrants with HIV/AIDS will be deported.
- Stateless children have limited access to public health and education services.
- Female migrant workers face greater risks of sexual exploitation and abuse.
- Revision of Malaysian migrant-related laws and policies are warranted.
- More research on status of migrants’ SRHR in Sabah is necessary.