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11

Migrant workers in Sabah, East Malaysia: The importance of legislation and policy to uphold equity on sexual and reproductive health and rights



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Sabah

Sabah, located in Southeast Asia, hosts the highest number of non-Malaysian citizens (27.7%), predominantly the Indonesian and Filipino migrants in comparison to other states in Malaysia. Sabah has inadequate data on migrants' sexual and reproductive health and rights (SRHRs). Various migrant-related policies and laws are present, but they do not offer full protection and rights to legal migrants in terms of their SRHRs. The aim of the laws and policies appears 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 health-care services. Female migrant workers and undocumented migrants form the most vulnerable subgroups of migrants. This narrative review highlights the status of SRHRs of migrants in Sabah and the migrant-related Malaysian laws and policies affecting their SRHRs.

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Introduction

There were 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 42% of migrants in Asia and 50% 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]. Myanmar, 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 was believed that the ratio of legal and undocumented migrants in Malaysia was 1:1 [4]. Undocumented migrants are also referred 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 a background of economic hardships and due to their lack of knowledge, skills and resources; they are generally employed in occupations that are at higher risk of work-related injuries. In addition, 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 health care 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 health care 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 (SRHRs) of migrants. Research on SRHRs in the context of migration is limited in the Asia-Pacific region [3]. SRHRs are 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. Migrant workers may experience changes in their SRHRs conditions depending on the SRHRs situation in their country of origin and their destination country [3].

In Asia Pacific where patriarchal norms and cultural values still exist in society, women migrant workers are undervalued, especially those in the domestic work, as it is perceived to be a woman's work [3]. Furthermore, the increasing social independence and economic power of migrant women workers threaten men's masculinity and therefore men exploit women as a way 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 three federal territories. Sabah is Malaysia's easternmost state and one of the two states (the other is Sarawak), which forms East Malaysia. Sabah hosts the highest proportion of non-Malaysian citizens at 27.7% (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 (Fig. 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.

Female migrant workers in Malaysia are exposed to various forms of human rights violation. In addition, they receive lower wages in comparison to foreign male workers. They are prohibited from



Figure 1. Geographical position of Sabah in Southeast Asia.

getting married or becoming pregnant and risk deportation if they do so. Female domestic workers are especially vulnerable as their freedom of movement is restricted. They are also exposed 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 recognising women's SRHRs. However, Malaysia's stand on women's SRHRs has yet to be fully extended to migrants in the country.

This narrative review examines the status of SRHRs of undocumented or low-skilled migrant workers in Sabah, and the influence of migrant-related Malaysian laws and policies affecting their SRHRs. 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 human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and access and rights to sexual and reproductive health and services.

Demography of Sabah

Sabah population comprises 11.3% (3.2 million) of the total Malaysian population (28.3 million) [12]. From 2005 to 2013, the service sector was 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 the male population is around 75 years, while for the female population it 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 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 was home to 171,459 of migrant workers [13] and is still the favourite destination for migrants in Malaysia. This was due to the proximity to Indonesia and the Philippines, economic opportunity, historical and cultural affinity, presence of family and kin, 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 migrate to Sabah in comparison to men due to their spouses and presence of partners, family or friends in Sabah [13].

History of migration in Sabah

The entry of Filipino and Indonesian migrants into Sabah has been well documented and dates 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 led many people to flee their country and seek refuge in Sabah [26]. These Mindanao refugees are some of the earliest Filipinos in Sabah. Subsequently, in 1971, the implementation of the New Economic Policy in Malaysia saw another cohort of Filipinos entering Sabah. Many local natives left agricultural and plantation sectors in rural areas and migrated to urban towns in search of employment in the formal economy. They were also not interested in the 3-D (dirty, difficult and dangerous) jobs of the construction and services sectors. Therefore, 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 United Nations High Commissioner for Refugees (UNHCR), and there were an estimated 80,000 of them by December 2013 (UNHCR, 2013).

Due to the increasing migrant population in Sabah, the Sabah Federal Special Task Force (FSTF) was formed in 1989 to handle and control issues related to them. From March to August 1997, the reported number of foreigners by the FSTF was 585,796; 70.6% of them were undocumented [22]. Of the undocumented migrants, 71% were Indonesians, and the remaining were Filipinos. In 2011, the number of foreign workers in Sabah was estimated to be 8.9%, and there was also a large proportion of unaccounted irregular foreign workers [22]. In spite of this large number of Filipinos in Sabah, there was no consulate dedicated to them in Sabah. The Philippine Government's contention claim to Sabah was one of the main reasons that hindered the establishment of a consulate office here [29]. However, there was 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 put them at a disadvantage due to the need to adapt to the new environment, reduced security in life, experiences of alienation and discrimination, reduced socio-economic status and language barrier. Generally, due to the prerequisite of the policy of mandatory testing based on the Malaysian Immigration Act, 1959, that stipulates that migrants should pass health tests before they are allowed to work in Malaysia, legal migrants in Malaysia are healthy upon entry. 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; therefore, this predisposes them to health risks [32]. They also face problems with access to healthcare

due to social stigma, cost and legal status [33]. All this can affect their health and wellbeing [34]; including their SRHRs. In Sabah, undocumented migrants, who are often poor, do not practise contraception, do not receive antenatal care and often deliver in an unsafe environment generally carried out 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 was the second highest (42.1/100,000 live births) in the country [17]. The female population was believed to be the most marginalised and unprotected labour group in Malaysia [36].

Gender inequity among migrant workers in Sabah

Marriage migration

SRHRs 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 they 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 migrants surveyed desired to gain citizenship in Sabah [24]. This was not surprising as citizenships allow them access to basic facilities such as education, health care, better economic opportunities and one way to gain citizenship for female migrants was through marriage.

In Malaysia, there are regulations, acts and constitutions that govern marriages involving migrants in terms of 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 a citizen, and this is clearly spelt out in the federal constitution and the Immigration Act 1959/1963 (Act 155). However, this does not apply to a foreign husband of a Malaysian woman. In general, foreign husbands do not have the right to stay, except for those who were skilled, professionals or investors, while a foreign wife faces a multitude of challenges while procuring citizenship.

Limited data are available on marriage migration in this region. The Malaysian government does not publish official statistics on the number of international marriages yearly; however, the Ministry of Home Affairs releases figures to the media, thus some data are available to the public. Between 2001 and June 2005, while there were almost 34,000 marriages between local men and foreign women, 11,112 local women got married to foreign men in Malaysia [38]. Between 2000 and 2012, statistical records from the Sabah Islamic Religious Affairs Department showed that almost 11,000 Muslim foreign women married local men and about 8900 Muslim foreign men married local women [39]. The prohibitions imposed by the immigration policies did not stop marriages among migrants and the local population. Loopholes in regulations and procedures have been used by migrant workers in Malaysia to gain legality [40].

A study done in Tawau, Sabah, showed that there are almost 60% of Indonesian women migrant workers who were married and living with their spouses in Sabah. However, less than half of that proportion practised any form of contraception. The desire to have children led them to stop using contraception [13]. Most marriages of migrant worker were performed through customary or religious rites and solemnised by people in their community [4,41]. These marriages were not recognised by the Malaysian laws leading to problems in registration of children born making them 'stateless children' or children without documents [42]. By 2009, there were approximately 52,000 stateless children in Sabah [41]. These children were not entitled or had very limited access to public health and education services as well as contributing to a dramatic increase in the number of illegal immigrants. This situation was alarming and concerning at local, national and international levels [29,42,43].

The Malaysian government is yet to find a solution to address the issue of stateless children in Malaysia. There were concerns that granting these children with Malaysian citizenship may alter the demographic make-up of Sabah [42]. Furthermore, undocumented migrants were perceived by the locals to be the cause for increasing crimes and social problems [13]. Local authorities and media viewed the children as criminal elements [43]. Recently, the Sabah Community Development and

Consumer Affairs Ministry proposed a resolution; to hire these children as legal foreign workers when they are older making them legal citizens [44].

The issue of stateless children can be solved by claiming citizenship from their parent country of origin, and this could be done in the Indonesian consulate in Sabah; the consulate issues birth certificates and passports for the children of its nationals. However, Filipino migrants found travelling to their consulate expensive, which is located in Kuala Lumpur, Peninsular Malaysia. Furthermore, it was difficult for Filipino refugees with IMM13 cards (given to refugees and their descendants) to leave Sabah. Many also did not know the existence of mobile registration units that visit Sabah occasionally. Nevertheless, despite existing measures to prevent one's statelessness, the migrants preferred to remain undocumented and 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 and in hair saloons, restaurants, recreation clubs, supermarkets, stores and nightclubs [25]. Commercial sex worker may volunteer or be forced, independent or through agents [45]. In Malaysia, prostitution or activities related to it were 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' made it impossible to determine the actual number of migrants involved in commercial sex, sexual violence or abuse. Data were limited to few qualitative researches, media reports, which were often sensationalised and from organisations or individuals who were concerned with this issue [47,48]. The number of sex workers was usually derived from arrests of suspected foreign sex workers, which would depend on frequency of police raids. Table 1 shows an old data on the number of sex workers in Sabah and a few states in Malaysia. This gives a broad picture of the migrant workers involved in this activity [49].

As recruitment practices were deceptive in providing legal work in Malaysia, Migrant workers were mostly forced into the commercial sex trade [47,50]. These women were often promised jobs and other allowances by employment agencies and later forced into commercial sex trade industry with none of the allowances leading to debt bondage [47].

The plight and vulnerability of the migrant workers to commercial sex have been highlighted in many publications including the media [34,47,48]. During her recent visit to Malaysia in February 2015, Maria Grazia Giammarinaro who was United Nations Special Rapporteur on trafficking highlighted the plight of the migrant workers. She reiterated that there was high prevalence of young foreign women and children being trafficked, brokered into marriages with older men or recruited into supposedly legal work but later 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 that 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 were at risk of unwanted pregnancy, unsafe abortion, sexually transmitted diseases and issues relating to their sexual reproductive health [54]. They were at higher risk to diseases in comparison to local sex workers or domestic workers. They were

Table 1
Number of suspected foreign sex worker in Sabah and other states of Malaysia between 1989 and mid-1992.

Nationality	Sabah	Sarawak	Johor	Other states	Total
Thais	51	134	1785	686	2656
Filipinos	706	553	24	13	1296
Indonesians	2197	194	95	71	2557
Others	2	11	8	21	42
Total	2956	892	1912	791	6551

Source: Lim LL. The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia. Switzerland: International Labor Office; 1998 [49].

usually least powerful; their access to services and information was often limited by lack of civil and legal status. Their freedom was often restricted, bonded or trafficked, had language difficulties, cultural barriers, mistrust and fear of authorities [55]. It was well documented that those who worked in the sex-related sectors were also at an 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 1596. Interestingly, despite hosting the largest number of non-Malaysians in the country, there were only 1167 HIV cases reported in Sabah, which was one of the lowest among other states in Malaysia [17,59]. This may be partly due to the Policy of Mandatory Testing which required migrant workers to go for periodic medical examination at least three times in order to apply for or renew their employment permit in the first 3 years of arrival in Malaysia. Those who were found to be HIV infected would be deported within 3 days [25]. However, it should be noted that there were also some migrants who did not go through any health screening prior to coming and during their stay in Sabah [13] including the presence of undocumented migrants. In addition, 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.

However, the Policy of Mandatory Testing of migrants led to various violations of their SRHRs: (1) Expatriates and tourists were not required to undergo the mandatory testing. This reflected the bias and discrimination of the policy against low-skilled migrant workers [60]. (2) The quick deportation rendered post-test counselling and treatment impossible. (3) Migrant workers who underwent these medical testing procedures were not given proper information on what they were testing for. (4) There were also no pre-test and post-test counselling, and they were not prepared for or informed of the outcomes of the test [60]. (5) The migrants were also not educated about HIV/AIDS prevention or infection [14,60]. (6) The confidentiality of results in mandatory HIV testing is another issue [61]. (7) Female migrants were also tested for pregnancy when pregnancy was not a disease. If they were 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. Significant effort has gone into curbing these problems. In 2007, the law on anti-trafficking and anti-smuggling of migrants was 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 people through coercion [63]. In recent years, there has been an increase in the number of convictions under this law and efforts made to increase public awareness on trafficking. In 2010, the Malaysian authorities convicted 11 sex-trafficking offenders and three individuals involved in labour trafficking in comparison to seven trafficking offenders convicted during the previous year. The Malaysian government has tirelessly worked towards increasing awareness on anti-trafficking among the public through print media, radio and television. Many international organisations and NGOs, especially women's groups 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

In Sabah, the Sabah Labour Ordinance of 1950 has stipulated the provisions for female migrant workers' SRHRs. This Ordinance is similar to the Malaysia Employment Act of 1955 [37], except that it is only applicable to employees earning wages equalling RM2500 (USD 675) and below regardless of the nature of work [64]. The Ordinance/Act provides that female workers cannot be dismissed during their maternity leave, 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 at 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 and hence are not provided the same rights and entitlements as other workers [65].

Studies have also shown that migrant workers have low usage of public outpatient health-care 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 migrant workers who attended to their antenatal care only did so when their pregnancy was as late as 7 months in comparison to local natives who initiated antenatal care in the first 3 months of pregnancy [31]. When they registered and delivered at the maternal and child health clinics, this conferred birth certificates or citizenship to their newborns [31]. In addition to the late initiation of antenatal care, there was a significant surge in migrant workers reporting not using any form of contraception and never attending antenatal care during any pregnancy in comparison to local natives [31]. In Sabah, between 2000 and 2010, the Ministry of Health reported that the use of outpatient public health facilities by foreign population was generally lower in comparison to locals. One of the reasons could be that some migrant workers use health-care facilities provided by their employers [24]. In addition, the migrant workers in Sabah rarely sought health care from public health facilities but instead sought alternative health-care providers or practices [32].

Cost is a significant barrier in accessing health-care services for the migrant workers, 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, while the migrant workers pay RM15 (USD 4.20) for consultation with general practitioner and RM60 (USD 15.80) with a specialist, Malaysians pay only 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 health-care facilities, some may not extend this benefit to their family members [13].

The Ministry of Health at Sabah also reported a high usage of inpatient and delivery services in public hospitals among migrants, although they were more expensive [24] and not subsidised by the government. Between 2000 and 2011, in Sabah, migrant workers gave birth to 122,882 infants [67]. There have been reports that migrants who were hospitalised absconded before being discharged [68]. In 2011, due to the huge amount of unsettled public hospital bills in Malaysia, the Ministry of Health implemented a provision for foreign workers in Malaysia to be covered by the Hospitalisation and Surgical Scheme for Foreign Workers [69]. The premiums for this mandatory medical insurance was RM120 (USD 31.50). In Sabah, employers were obligated to pay for plantation workers and domestic foreign workers [70]. Due to the high amount of unsettled bill in public hospitals and the fact that this insurance scheme was implemented by the Ministry of Health and not Ministry of Human Resource, raises the question whether the Malaysian government is concerned about the welfare of migrant workers [69]. Migrant workers are also eligible to be compensated by their employer under the Workmen's Compensation Act in the event of disability or death. However, this offer is only valid if the employer purchases a medical coverage for the migrant worker, as they have to insure their liabilities under the Act [69]. The employers incurred high liability due to this scheme [71]. Therefore, some employers could not purchase medical insurance for their employees nor pay for their medical costs.

Summary

This paper highlights the complexity of SRHRs of migrants in Sabah and the migrant-related Malaysian laws and policies affecting their SRHRs. There is a dearth of data available on migrants' SRHR in Sabah. All the migrant-related policies and laws were only applicable to legal migrants who had proper documentation upon their entry into Malaysia. However, to date, these laws and policies did not offer full protection and rights to legal migrants. Rather than protecting migrants' health and rights, the purpose of these policies appeared to be controlling the migrants from having any negative impact on the locals. What about undocumented migrants who were not at all protected by these laws and policies? They formed the most disadvantageous group and their presence was even criminalised under the Malaysian law due to their legal status. Migrants formed a significant proportion of Sabah's population and regardless of whether their presence was well 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 have every right to attain the highest standards of health including SRHRs, 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 sexual and reproductive health and rights (SRHRs).
- 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 to take action in upholding the SRHRs of migrants.

Research agenda

- There is a need for more research or a larger-scale study to obtain comprehensive baseline data on migrants' sexual and reproductive health and rights (SRHRs).
- 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 use of SRHRs information and services.
- Future research should also include undocumented migrants.
- The link between migrants and increased social ills and diseases needs to be proven by research.
- Evidence-based appropriate and targeted interventions can be developed to improve the migrants' SRHRs.

Conflict of interest

None declared.

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