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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: MIGRANT GARMENT FACTORY WORKERS IN CAMBODIA

INTRODUCTION:

Garment factory workers represent a significant proportion of the labour force in Cambodia, with almost 500,000 workers employed in the garment industry. The majority of garment factory workers are young women of reproductive age who have migrated from rural provinces to Phnom Penh. Given the significant number of migrant garment factory workers living in and around Phnom Penh, there is a need to respond to their health needs, particularly their sexual and reproductive health and rights.

Photo: ILO Cambodia

GENERAL FACTS:

- As of March 2014, there were approximately 396,568 female garment factory workers forming 85 percent of the total garment factory workforce[1].
- Workers are typically young and of reproductive age with low levels of education, under 24 years old[2] .
- The vast majority of workers migrate from rural provinces to work in factories in and around Phnom Penh.
- Housing conditions of workers are basic with safety, hygiene and sanitation issues.
- Workers are most likely to access health services from the private sector and do not have health insurance or other forms of support to pay for healthcare expenses.

1 International Labour Organization Cambodia, 2013
2 Partnering to Save Lives (PSL), 2014

REPRODUCTIVE AND MATERNAL HEALTH:

The ante-natal care rate is high among garment workers while post-natal follow-up is much lower. Many women force themselves to work until the very last day before the delivery, often on dangerous and consequently better-paid jobs, and putting their own lives at risk as a result[3].

Conditions of work in the factories are not conducive for pregnant women or women who wish to become pregnant, with long hours and overtime at frequent occurrence.

Many pregnant workers are reluctant to take time off to go for ANC visits to avoid having their wages cut. In several of the factories, although the management and the union heads knew workers could extend their maternity leave by two months, workers thought they were allowed to extend for only up to one month[4].

There are low rates of exclusive breastfeeding up to 6 months among workers due to lack of nursing and childcare facilities, distance from factory to home, lack of suitable transportation of infants and long working hours.

FAMILY PLANNING:

Short-term family planning methods are more common used than long-term family planning methods among garment factory workers. Withdrawal method is also used to prevent pregnancy.

Similar as in the general population, garment workers are poorly informed about the side effects. Many believe that there is a risk of infertility following the use of contraceptives.

3 ILO 'Practical challenges for maternity protection in the Cambodian garment industry' (2012).
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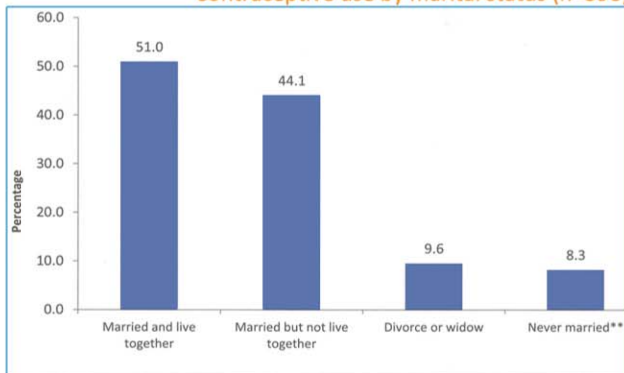
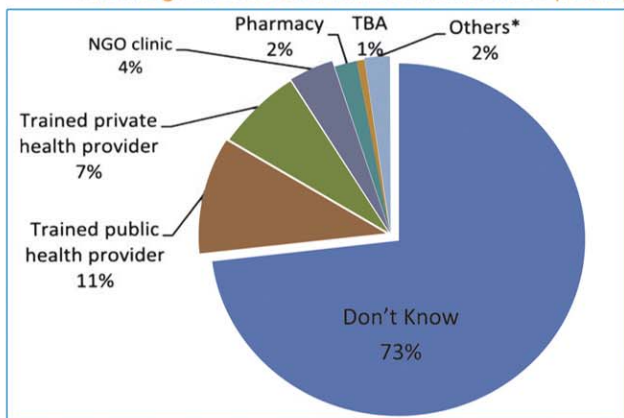


Source: Baseline Survey Report on RMNH Knowledge, Attitude, and Practices among Female GFW in Phnom Penh and Kandal, August 2014.

ABORTION:

Garment workers have higher rates (18 percent) of abortion[5] if compared with the general population (5 percent)[6].

Knowledge among workers of the legality of abortion is low. As a result, garment workers do not know where to go for safe abortion services and access expensive and potentially unsafe services predominantly in the private sector.



Source: Baseline Survey Report on RMNH Knowledge, Attitude, and Practices among Female GFW in Phnom Penh and Kandal

GENDER-BASED VIOLENCE:

Physical and verbal abuse, harassment and rape[7] have all been experienced by garment workers both inside and outside the workplace.

Workers leaving factories in the evening after working overtime, lack of policing, poor lighting in and around factories and inadequate housing conditions contribute to insecurity, violence and harassment experienced among workers.

5 Baseline Survey Report, PSL, 2014
6 2010 CDHS
7 Makin & Sakda 2006; ILO 2012a; Levi Strauss/CARE 2013; Taylor 2011

HIV/AIDS AND STIS:

Garment factory workers are not at a high risk for STIs and HIV/AIDS, many of them are not sexually active, with sexual debut typically only after marriage, which is consistent with sexual debut within the general population.

The level of understanding of consistent condom use to protect against HIV/AIDS and STIs are high but rates of use are low.

Knowledge of consistent condom use to prevent HIV/AIDS and STIs is high, but knowledge of other forms of protection (abstinence, avoiding having multiple concurrent sex partners etc.) is low.

Knowledge of other modes of HIV transmission than unprotected sex (contact with infected blood, needle sharing, and mother to child) are also still relatively low.

The global financial crisis may have contributed to some cross-over of workers into entertainment and sex work which in turn may increase their risk.

OTHER ISSUES:

Workers have limited time during working hours and after work to access health services.

Public facility working hours are not conducive to workers, often closed on Sunday when workers have a day off work.

The private sector provides more flexible working hours, but service quality is an issue due to lack of regulation and monitoring.

Costs and distances to services also act as barriers to accessing sexual and reproductive health related services.

Lack of confidentiality and perceived low quality of health services provided in factory infirmaries and lack of time during working hours discourage workers from accessing factory infirmaries for relevant services that may be on offer.

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