

CONCEPTION OVER CONTRACEPTIVES: MATERNITY RISKS OF SELF INDUCED UNSAFE ABORTION AMONG UNMARRIED MIGRANT WOMEN FROM A RURAL CAMBODIAN COMMUNITY

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Unintended pregnancies among unmarried migrant women are an emerging public health concern in Cambodia. Reproductive health research and policies in Cambodia focus on safe motherhood programs, in particular for married women, and ignore comprehensive fertility regulation programs for unmarried migrant women of reproductive age. This qualitative study was conducted in a rural commune in northwest Cambodia, where vast numbers of unmarried women migrate irregularly to Thailand for seasonal employment. The study focuses on public health dimensions of maternity risks for this population as a result of unsafe abortion methods adopted by unmarried migrant women in Thailand. Unsafe abortions were self induced due to factors such as, unmet contraceptive needs, social, economic and sexual powerlessness of unmarried women as a result of their dependent status. The challenges which women encountered to achieve safe sexual practices reflected the inadequacies of the Cambodian health care system to incorporate appropriate sexual education for unmarried women prior migration. The authors describe the Cambodian women's experiences of unsafe sex and unintended pregnancies and the methods they employ to terminate their pregnancies.

Objectives:

1. Explore meanings and experiences of unsafe sex among unmarried migrant women aged 18 to 28 years, leading to unwanted pregnancies.
2. Explore unmarried migrant women's attitudes and practices towards unsafe abortions in context to unsafe sexual encounters.

Methodology: Critical ethnographic approach was employed comprising of in-depth interviews with ten migrant women and eleven key informants, structured questionnaire with fifteen migrant women and document analysis.

Results: Unmarried migrant women choose abortion as the preferred family planning method seeking repeat ‘unsafe’ abortions instead of preventing conception. Unmarried female migrants disregarded the Cambodian code of moral conduct and their virginity, adopting premarital sex as a lifestyle choice in Thailand. Unintended pregnancies occurred due to sexual inexperience, poor knowledge of the fertility cycle, misconceptions regarding sexual practices, unmet contraceptive needs and inconsistent use of modern contraceptives.

Conclusion: Public health policies in Cambodia are currently restricted to control and do not address the fertility needs of unmarried women. Policies and programs should consider the shift in sexual behaviour among unmarried migrant women and deregulate local restrictions and policies that constrain access to contraceptives. These measures need to be complemented with empowerment strategies to enhance the reproductive and sexual rights among unmarried women.

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