

ACCESS TO CONTRACEPTION AND ABORTION IN MALAYSIA

Grounding Human Rights in Malaysia for All: Embracing Change ADVOCACY BRIEF



ACCESS TO CONTRACEPTION AND ABORTION IN MALAYSIA

Contraception and abortion are both issues that were discussed at the Cairo Programme of Action and the Beijing Platform of Action in 1994 along with their review conferences outcome documents, of which Malaysia is a part of. There were three indicators identified:

- (i) laws to guarantee women and men aged 15 years and older access to sexual and reproductive healthcare, information and education;
- (ii) the proportion of women (15–49 years old) who made their own informed decisions regarding reproductive healthcare, contraceptive use, and sexual relations, and could access sexual and reproductive healthcare services in a public health facility;
- (iii) the proportion of married or in-union women of reproductive age (15–49 years old) who have had their need for family planning satisfied with modern methods as well as are able to access sexual and reproductive healthcare services in a public health facility.

The Ministry of Health Malaysia (MOH) has made a commendable effort in writing a thorough guideline for healthcare providers to bolster young people's access to Sexual Reproductive Health services in governmental health facilities, aligned with the recommendations from the UN Special Rapporteur on Health back in 2014.¹ On paper, maternity care (antenatal and postnatal services) as well as contraception and family planning services are offered to women in Malaysia from primary and community-based health clinics or hospitals.² Despite the effort, the impact of the guideline is still in question due to the lack of evidence for this particular intervention. With the continuous rise of baby-dumping cases and teenage pregnancies, it is an obvious assumption that there are still barriers for young people and adolescents in accessing these crucial reproductive health services in this country.

Furthermore, the MOH's approach in improving young people's accessibility to sexual reproductive health and rights services is not reflected in the National Population and Family Development Board Malaysia (NPFDB)'s service provision. Contraception services in NPFDB are only offered to married women and do not cover unmarried individuals regardless of age. This further perpetuates stigma and confusion on the accessibility of these services towards unmarried individuals in Malaysia.

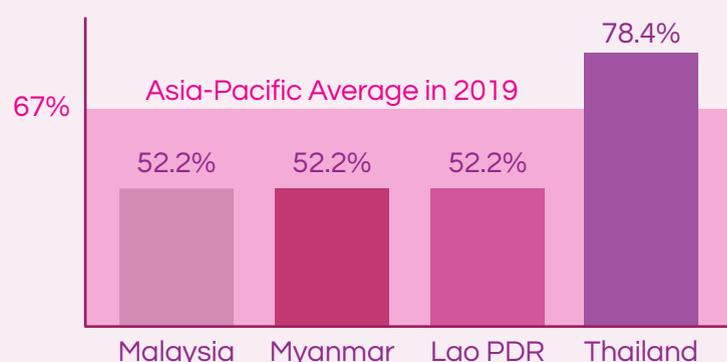
¹ <https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf>

² Ibid



In 2019, the prevalence rate for married women at reproductive age who fulfilled their need for contraception using modern methods - including male and female sterilisation, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods was 39%, tripled from the 13% prevalence rate in 1969.⁶ The increase was incredibly slow as it happened over the span of 50 years and the prevalence rate is still considered low in comparison with the 62% Asia-Pacific regional average. Despite the rising numbers of teenage pregnancies, access to contraceptive services prove difficult for young women due to socio-cultural factors and the taboos around premarital sex. Discriminatory attitudes of service providers towards girls trying to access contraceptive services have been noted.

The COVID-19 pandemic has imminently aggravated the situation as we anticipated a baby boom in 2021.⁷ Further economic impact will surface if parents do not practise family planning which can ensure quality of life by properly spacing out births and providing adequately for their children.⁸ On top of that, Malaysia continues to face an annual average of over 100 babies being dumped.



Statistics of contraceptive prevalence rate (CPR) for women in the regional Asia-Pacific and South East Asia.

RECOMMENDATIONS AND THE WAYS FORWARD

Support the Ministry of Health in its efforts to ensure that Sexual Reproductive Health services are accessible for all - regardless of their marital status. This includes ensuring information on contraception and abortion services are widely disseminated, and working with healthcare providers to raise their awareness about providing services that are gender-sensitive, youth-friendly and rights-based.⁹

The services by NPFDB need to incorporate unmarried individuals who are sexually active into contraception programmes.

Ensure gender-disaggregated data is regularly updated and be made publicly available.

The government must collaborate with civil society organisations and academia on conducting in-depth research in creating evidence-based policies related to Sexual Reproductive Health and Rights.

⁷ <https://malaysia.unfpa.org/en/news/malaysias-covid-19-recovery-needs-centre-women-and-girls>

⁸ Ibid

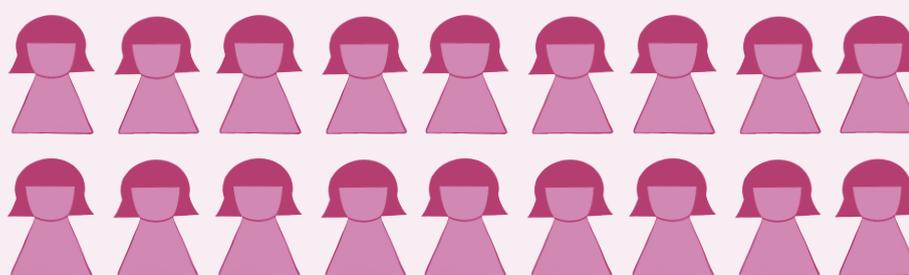
⁹ <https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf>



In relation to safe abortion services, Malaysia has quite a progressive provision in the Penal Code since its amendment in 1989 where abortion is permissible to save the life of the pregnant individual, or to preserve their mental and physical health. This can only be determined by a registered medical practitioner under the Medical Act 1971. For those 18 years old and below, abortion services can only be obtained with parental or guardian consent. **Even with these positive exceptions, abortion services continue to be highly stigmatised due to misinformation on abortion, personal biases amongst health practitioners and lack of awareness regarding its legality. This hinders women and girls from getting timely health services.**

With respect to gender-sensitive data, there is a lack of public data available in health services, especially in sexual reproductive health and services in Malaysia. This can be seen through the publication of The State of World Population 2019 by United Nation Population Funds (UNFPA) Report where the percentage of married or in-union women aged 15–49 years who make their own decisions regarding sexual intercourse with their partner, use of contraception and healthcare, does not include Malaysia's data. This may cause the inability to determine the actual status of women and girls' sexual reproductive health in this country and halt any further effort in improving their status.

CONTRACEPTION AND ABORTION: WHERE DOES MALAYSIA STAND?



Statistics show that the rates of unplanned teenage pregnancies is at an average of 18,000 every year (or 50 a day).

Since 1984, the contraceptive prevalence rate (CPR) for women aged 15–49 years in Malaysia has remained stagnant to this day at 52%, whereas the regional Asia-Pacific average in 2019 was 67%.³ In the South East Asia region, Malaysia and Myanmar have the lowest CPR at 52.2% together with Lao PDR while their own neighbour, Thailand, has the highest rate at 78.4%. The unmet need for family planning in Malaysia is 17.6% for women in reproductive age, the highest among all her ASEAN counterparts.⁴ **The unmet need continues to grow especially amongst young unmarried women with low educational attainment, as seen with the numbers of unplanned and unwanted pregnancies to this day. Young women and girls yet again are exposed to increased risk of maternal mortality and childbirth difficulties when the rates of unplanned teenage pregnancies, is at an average of 18,000 every year (or 50 a day).**⁵

³ WAO and JAG, 2019:49, 152, 155.

⁴ World Population Day poster 2018, LPPKN.

⁵ <https://malaysia.unfpa.org/en/news/malaysias-covid-19-recovery-needs-centre-women-and-girls>