Sexual and Reproductive Health Rights: Comparing Ethnic Groups in Malaysia

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ABSTRACT

Background: Power works differently in different society. The norms in the cultural setting show that men play dominant and highly influential role particularly in family decision making. Although the issue of decision making in the family is crucial, the studies on this subject remain limited, particularly in Malaysia. Studies in developing countries indicated that power is perceived as control over one's partner and the ability to make decisions. Objectives: This paper explores the decision making power over women's sexual and reproductive health rights in Malaysia using the person who influence the decision making process as the proxy. Results: Based on the findings, generally there is not much difference between races in terms of decision making on sexual and reproductive health rights in Malaysia. Conclusion: In terms of societal settings, this study has shown that Malaysian women with the moderate societal setting, have equal right in decision making towards sexual and reproductive health issues.

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INTRODUCTION

In different societies, power works differently. It has been argued that women in liberal society enjoy better power than their counterparts in conservative and moderate society. Conservative in the context of societal settings holds the meaning of upholding and believing in the established or traditional values with the notion of resistance to change or to accept new ideas. While moderate society works otherwise. Moderate society is believed to practice the non-extreme social beliefs and observe the reasonable limits. In patriarchal societies, women's productivity is very much dependent on the support of the men [1-3]. The norms in the cultural setting show that men play dominant and highly influential role particularly in family decision making. Familial decision making referred here includes parenthood, number of children, family economics, and also on sexual and reproductive issues [4]. However, it has been reported that recently the role of men in reproductive issues has largely been reduced or discounted [5].

The World Bank terms empowerment as the “expansion of freedom of choice and action to shape one’s life”[6]. This definition incorporates the feature of empowerment which a woman gains power in making decisions. The definition is supported by Kabeer [7] who defines women’s empowerment as a “process by which those who have been denied the ability to make strategic life choices acquire such an ability.” There is a similar feature from these definitions which are the acknowledgement that household and familial decision making are the central aspects of women’s empowerment.

Although the issue of decision making in family is crucial, studies in this subject remain limited. Studies in developing countries indicated that power is perceived as control over one's partner and the ability to make decisions. In Mexico [8], women say they feel more powerful in relationships when making decisions on household matters and children, while men feel powerful when they have control over their partner and make decisions related to money. A study in Pakistan [9] explored the association between young women’s involvement regarding their marriage and their ability to negotiate for contraceptive and fertility decisions. The result shows that having the right to choose a spouse was significantly associated with agreement with spouse

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Others. The finding shows that there is no family member of the husband who has influenced in decision making towards marriage.

In terms of spacing of children, Others has the highest percentage in term of making decisions together between husband and wife (100 per cent), followed by Indian with 92.3 per cent, Malay with 91.7 per cent and Chinese with 88 per cent. It is also shown that the respondent did make a decision only by herself for determining spacing of children with 7.14 per cent of Malay respondents and 8 per cent of Chinese respondents, while none of the Indian and Others made decision by herself for spacing of children. Indian has the highest percentage in term of decision making by husband only with 7.69 per cent, followed by Chinese (4 %), Malay (1.8 %) and none for Others. The items ‘My husband’s family member’ and ‘my family member’ do not register any percentages in term of making decision towards spacing of children.

There are two optional items for respondents to answer, which are contraceptive method and decision to abortion. The respondents can answer those questions only if they were applicable to them. For contraceptive method, the response rate is 89.28 per cent of the total respondents for Malay, followed by 84 per cent for Chinese, 53.84 per cent for Indian and 100 per cent for Others. While for decision to abortion, the response rate is 67.86 per cent of the total respondents for Malay, 64 per cent for Chinese, 46.15 per cent for Indian and 83.33 per cent for Others.

In terms of contraceptive methods, Chinese and Others has the highest percentage in making decisions together between husband and wife (100%), followed by Malay with 94 per cent and Indian with 85.72 per cent. 14.28 per cent of the Chinese put the husband as the one who decides on contraceptive method, while none for the other races. ‘Myself’ as the decision maker towards contraceptive methods registered 4 per cent for Malay and none for other races. Remarkably, there is 2 per cent of Malay respondents stated the decision making is made by their husband’s family member. Similar to spacing of children, none of the respondents’ family member influence the decision towards contraceptive methods.

Chinese and Others has the highest percentage in term of making decisions together between husband and wife (100 per cent) for decision for abortion, followed by Malay with 92.11 per cent and lastly, Indian with 66.67 per cent. Another astonishing finding is that 33.33 per cent of Indian respondents stated that the decision is made by their husband’s family member, followed by the Malay with 2.63 per cent. The other races, Chinese and Others do not register any respondent who stated that the husband’s family member as the one who decided for them to have abortion. The item ‘myself’ ‘registered 2 per cent of the Malay respondent, while none for the other races. Interestingly, none of the respondents stated ‘husband’ as the one who made the decision towards abortion. Similar to spacing of children and contraceptive methods, none of the respondents’ family member influence the decision towards decision for abortion.

Conclusion:

In general, there is not much difference between races in terms of decision making on sexual and reproductive health rights in Malaysia. The findings show that in all the items, ‘me and husband’ are the dominant persons who influenced the decision on sexual and reproductive health issues. ‘Myself’ is generally the second popular answer in making decision towards sexual and reproductive health issues. It seems that ‘husband’ alone making decision on sexual and reproductive rights is not a popular answer among the respondents particularly on contraceptive methods and decision for abortion. Although ‘my husband’s family member’ do exert an influence in certain cases, particularly among the Indian and Malay, but the figures are negligible. Many studies have shown that having the power to decide on sexual and reproductive health can help women in improving their quality of life. Having the upper hand in planning the family can tremendously increase women contribution towards the economy. In terms of societal settings, this study has shown that Malaysian women with moderate societal setting, have the power in decision making towards their sexual and health rights. As the ability to make decisions is perceived as one indication of power in developing countries, it is then safe to conclude that Malaysian women have the power to decision making, thus the ability to improve and upgrade their standing in the society.

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REFERENCES