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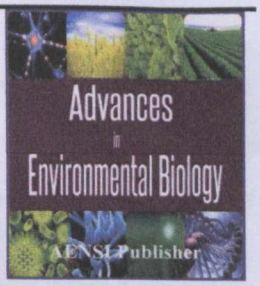

Sexual and Reproductive Health Rights: Comparing Ethnic Groups in Malaysia

[1]Raja Noriza Raja Arif in, [2]Nur Intan Shaf inas Salehud-din, [3]Makmor Tumin and [4] Rustam Khairi Zahari

[1,2,3]Department of Administrative Studies and Politics, Faculty of Economics and Administration, University of Malaya, 50603 Kuala Lumpur, Malaysia
[4]Department of Urban and Regional Planning, Kuliyyah of Architecture and Environmental Design, International Islamic University Malaysia, Jalan Gombak, 53100 Kuala Lumpur, 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

Corresponding Author: Raja Noriza Raja Ariffin, Dept. of Administrative Studies and Politics, Faculty of Economics and Administration University of Malaya, 50603 Kuala Lumpur, Malaysia.
E-mail: rnoriza@um.edu.my

over the number of children, intention to use contraceptives, and the time between marriage and first contraceptive use. Several factors were also identified, which may affect the decision of women in sexual and reproductive health rights. The factors include sources at hand such as magazine, religious values and also family values [10].

A report published by Guttmacher Institute [11] aimed to explore the social and economic benefits of women's ability to plan whether and when to have children through obtaining and using effective contraception. The study found that access to contraception had allowed them to take better care of themselves or their families (63%), support themselves financially (56%), complete their education (51%), or keep or get a job (50%). Women in liberal society such as in the United States have equal right to decision making, especially in reproductive matters [12]. This is also due to the emerging feminism in the country. By using the data from the 2006 National Couples Survey conducted in the US, the study aimed to investigate the relative impact of the male and female partner's method preferences on the type of method they use together. It also investigates the extent to which differences in power between the partners can influence the decision-making process toward one partner or the other. The results suggest that men's and women's method preferences are both significantly related to the couples' method choice. Further, there is no evidence of a significant gender difference in the magnitude of these relationships, although women in married and cohabiting relationships appear to have greater power over method choice than women in dating relationships. In a conservative society as in Iran, [13], men have more power control over contraceptive usage and sexual decision-making, along with pleasure predominating in sexual encounters and economic dependencies.

To be productive, both in work and home setting, women should be empowered and it should begin at home; in a familiar surroundings. At the forefront of empowerment issues particularly for women in developing country, matters of paramount concern should relate to entities that are very personal and sensitive; their body. The protection of the body is very much related to upholding modesty and integrity. Hence, it is of utmost importance to guard their sexual and reproductive health rights as both are the main catalysts in the process towards women's empowerment [3, 14].

Methodology:

This study is a quantitative research using survey questionnaire. The 100 women surveyed were from various ethnic backgrounds and were at the reproductive age at the time of the survey. According to World Health Organization [15], women of reproductive age refers to all women aged 15–49 years. Thus, this study focused on Malaysian women with reproductive age ranging from 15 to 49 years old.

The groups involve four (4) different ethnics; Malay, India, Chinese and also Others. Others are the ethnics from Sabah and Sarawak, Eurasian and those who do not consider themselves as Malay, Indian or Chinese. The sampling technique used in this research is convenience sampling, which involves the selection of units that are easily accessible. By following the rule of thumb for determining sample size proposed by John T. Roscoe in 1975, sample size larger than 30 and less than 500 are appropriate for most research [16]. Thus, for the purpose of this study, the sample size is 100 as the number is adequate.

Malaysian women in the Klang Valley were surveyed from the month of August to October 2013. The questionnaire consists many aspects of the questions, however, for the purpose of the paper, the focus is only given on the section to explore the decision making power over women's sexual and reproductive health rights.

RESULTS AND DISCUSSION

Table 1 provides a detailed descriptive analysis of the respondents' demographic background. The highest number of respondents is Malay with 56 per cent and the lowest number of respondents is Others with 6 per cent. The second highest respondent, Chinese, represents 26 per cent of the respondents, while Indian made up 13 per cent of the respondents. 47 per cent of the respondents were single, followed closely by married women with 46 per cent. The remaining respondents are either divorced or widowed. Most respondents (34%) work in the private sector, followed by 21 per cent working in the government sector. Only 13 per cent of the respondents are students.

The highest percentage of respondents come from those at 21 to 40 years old age range (70%). The majority of the respondents can be categorized as low to middle income. 37 per cent with an income of RM1000 and below, 30 per cent with an income of between RM2001 to 3000, while 25 per cent with an income of between RM1001 to 2000. Only 2 per cent with an income of RM4001 and above. In terms of education level, majority of respondent completed secondary school (38%). Completed first degree and college diploma represent the second and third highest number of respondents with 27 per cent and 21 per cent respectively. Only 7 and 3 per cent of the respondents with either completed primary or no-formal education, respectively. Those with postgraduate degree represent 4 per cent of the respondents.

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Cross-tabulation analysis was used to analyze the relationship of ethnic groups in decision making with respect to their sexual and reproductive health rights. In this study, person's influence on women's decision making is explored, which can help in understanding women's standing in the cultural setting.

Table 1: Respondents' Background.

Demographic background	Total (%)	Demographic background	Total (%)
Occupation		Age	
Government sector	21	15 to 19 years old	13
Private sector	34	20 to 29 years old	38
NGOs	4	30 to 39 years old	32
Self-employed	11	40 to 49 years old	17
Housewife	16		100
Retiree	1	Education level	
Student	13	No-formal Education	3
	100	Completed Primary	7
Ethnic groups		Completed Secondary	38
Malay	56	Completed College Diploma	21
Chinese	25	Completed First degree	27
Indian	13	Completed Post Graduate Degree	4
Others	6		100
	100		
Individual income		Marital status	
RM1000 and below	37	Single	47
RM1001-2000	25	Married	46
RM2001-3000	30	Divorced	3
RM3001-4000	6	Widowed	4
RM4001 and above	2		100
	100		

Table 2: Person's influence on women's decision making among ethnic groups.

		Ethnic groups (%)				
Variables	Person	Malay	Chinese	Indian	Others	Total (%)
Marriage	Myself	4 (7.14)	4 (16.00)	1 (7.69)	2 (33.33)	11
	Husband	1 (1.80)	1 (4.00)	0 (0.00)	0 (0.00)	2
	Me and husband	48 (85.75)	17 (68.00)	12 (92.30)	4 (66.67)	81
	My husband's family member	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	My family member	3 (5.31)	3 (12.00)	0 (0.00)	0 (0.00)	6
	Total (%)	56	25	13	6	100
Spacing of children	Myself	4 (7.14)	2 (8.00)	0 (0.00)	0 (0.00)	6
	Husband	1 (1.80)	1 (4.00)	1 (7.69)	0 (0.00)	3
	Me and husband	51 (91.07)	22 (88.00)	12 (92.30)	6(100.00)	91
	My husband's family member	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	My family member	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	Total (%)	56	25	13	6	100
Contraceptive methods (if any)	Myself	2 (4.00)	0 (0.00)	0 (0.00)	0 (0.00)	2
	Husband	0 (0.00)	0 (0.00)	1 (14.28)	0 (0.00)	1
	Me and husband	47 (94.00)	21 (100.00)	6 (85.72)	6 (100.00)	80
	My husband's family member	1 (2.00)	0 (0.00)	0 (0.000	0 (0.00)	1
	My family member	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	Total (%)	50 (89.28)	21 (84.00)	7 (53.84)	6 (100.00)	84
Decision for abortion (if any)	Myself	2 (5.26)	0 (0.00)	0 (0.00)	0 (0.00)	2
	Husband	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	Me and husband	35 (92.11)	16 (100.00)	4 (66.67)	5 (100.00)	60
	My husband's family member	1 (2.63)	0 (0.00)	2 (33.33)	0 (0.00)	3
	My family member	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0
	Total (%)	38 (67.86)	16 (64.00)	6 (46.15)	5 (83.33)	65

Note: the numbers in bracket represent the percentages within the ethnic groups.

Table 2 shows that there are four items under the variable 'person's influence on women's decision making among ethnic groups', namely marriage, spacing of children, contraceptive methods and decision for abortion. Respondents were given the option of several individuals such as herself, husband, herself and husband, her family and her in-laws, who have the most influence in her decision making.

The findings show that in general, husband and wife across all ethnics have mutual consensus on marriage (81%). Upon further scrutiny of the data they show that Indian with 92.3 per cent has the highest percentage in term of making decision together between husband and wife, followed by Malay with 85.75 per cent, Chinese with 68 per cent and lastly Others with 66.67 per cent. Interestingly, it seems that Others has quite a significant percentage of making decision by herself for marriage (33.33%), while 16 per cent of Chinese decide by herself to the marriage, 7.69 per cent of Indian decide by herself, while Malay is the least with 7.14 per cent. There are small percentages of the respondents' family member making decision to the marriage with 5.31 per cent for Malay, 12 per cent for Chinese and none for Indian and Others. Husband making the decision to towards marriage registered only 4 per cent of the Chinese and 1.8 per cent of the Malay, while none for Indian and

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 percent) 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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