

## SEXUAL AND REPRODUCTIVE HEALTH IMPLEMENTATION IN MALAYSIA

Manimaran K.K.<sup>1</sup>, Vikneswaran S.<sup>2\*</sup>, Ng S.Y.<sup>2</sup>, Siti Aisah M.<sup>2</sup>, Chiew W.L.<sup>2</sup>

<sup>1</sup>Malaysian Health Promotion Board, Ministry of Health Malaysia.

<sup>2</sup>Department of Community Health, Medical Faculty, University Kebangsaan Malaysia.

*\*Corresponding author: Dr S.Vikneswaran; A-03-06 Astana Lumayan Condominium, Jalan Tasik Permaisuri 3, Bandar Sri Permaisuri, 56000 Cheras, Kuala Lumpur; drvikneswaran@yahoo.com*

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### ABSTRACT

An optimal sexual and reproductive health is state of complete physical, mental and social wellbeing in relation to sexuality and reproductive system. Therefore an individual should be able to attain satisfying and safe sex life, maintaining the capability to reproduce with absolute freedom and to decide on its timing and frequency. In Malaysia, both government agencies and non-governmental organizations promote sexual and reproductive health extensively. However, we are still bound to many challenges which poses significant threat to the society, particularly women and children. Therefore the main objective of this article is to discuss the component of sexual and reproductive health, its challenge and strategies to improve further.

**Keywords:** Sexual & reproductive health, women & children, Malaysia

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### 1.0 Introduction

Sexual health is a state of physical, emotional, mental, and social wellbeing in relation to sexuality. It emphasized on healthy sexual relationship and sexual rights. Sexual rights are human rights that have been recognized internationally (WHO, 2006). Hence, sexual health should be achieved by respect, protect and satisfy sexual rights of individuals (Glasier et al., 2006). Reproductive health looked into matters concerning to reproductive system. Reproductive health targets to promote satisfying safe sex, facilitate reproducibility, empower population in selecting desired types of family planning and increase accessibility of related healthcare services (United Nation, 1995).

Unsafe sex has been determined as a major risk factor for disease, disability and death internationally. In third-world countries, this problem has ranked the second most important risk factor and ranked ninth place in developed countries (Ezzati et al., 2002). The statistics of this issue is alarmingly high but it may not portray the real situation as this is a society's taboo and underreporting of case was likely to occur. According to United Nations (2013), world maternal mortality ratio reported as 210 deaths per 100,000 live births and the percentage of unmet needs in contraception is 13% in developing region of the world.

Unintended pregnancy occurred due to unmet needs of family planning methods leading to 45 million cases of abortion and 19 million cases of unsafe abortions yearly which could lead to fatality (WHO, 2004a). Incidence of Human Immunodeficiency Virus (HIV) infection decline steadily internationally, but 2.5 million newly diagnosed HIV cases were still reported (United Nation, 2013). Physical violence towards women and children are one of the major factors contributing to sexual and reproductive problems also (WHO, 2005).

In general, sexual and reproductive health (SRH) services contain 5 main components, namely: improvement of antenatal, perinatal, postpartum, and new-born care; provision of high-quality services for family planning; elimination of unsafe abortions; prevention and treatment of sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer, and other gynaecological morbidities; and promotion of healthy sexuality (WHO, 2004b, Glasier et al., 2006). WHO implemented main global strategies and initiatives in order to promote SRH (WHO, 2013a). Several Millennium Development Goals (MDG) were implemented as a strategy in promoting SRH of population. The MDGs involved are MDG 3, 5 and 6. MDG 3 focused on the promoting gender equality and empowerment of women, MDG 5 improve maternal health and MDG 6 on combating HIV/AIDS (UN 2013).

WHO-sponsored Strategic Approach to Strengthening SRH Policies and Programs was adopted in 25 countries in order to improve SRH. This involves inter-sectoral collaboration between public sector health-care programs and non-governmental organizations and international agencies (WHO, 2013b). Also WHO Implementing Best Practices (IBP) initiative provides evidence-based and proven effective practices as references for countries. Hence, policy makers, health care providers and healthcare implementer are able to adopt the practice in order to improve reproductive health care (WHO, 2013c).

## 2.0 Sexual and Reproductive Health in Malaysia

Sexual and reproductive health often overlapped with each other, hence usually it is implemented hand in hand (Glasier et al., 2006). Implementation of sexual and reproductive health services should be comprehensive which practice a “womb to tomb” concept. This means the services should be provided throughout all stages of life which includes children, adolescents, women/ men and elderly. Additionally, the services should be accessible to all especially for the poor and marginalized which includes the handicapped and refugees.

In Malaysia, sexual and reproductive health services are provided by both government and non-governmental organizations. For government sector, the main ministries involved in promoting sexual and reproductive health services are Ministry of Health (MOH) and Ministry of Women, Family and Community Development and Ministry of Education. Federal Reproductive Health Associations Malaysia (FRHAM) is the main non-governmental organization (NGO) to promote sexual and reproductive health services in this country. They focused on 5 A's namely advocacy, adolescent, AIDS, abortion and access. Other NGOs like All Women Action Society, Women's Aid Organization and National Council of Women's Organizations also support women in terms of SRH.

National census by Department of Statistic Malaysia reported that women constitute half of the nation's population. Therefore there is a need for concerted effort to improve women's health especially in terms of sexual and reproductive. Although women are very important in

a family yet their needs are often overlooked. In the pre-independence era the women's right were often of secondary importance (Hamzikova, 2009). This stance gave rise to the adoption of the Alma Ata Declaration which emphasize on the provision to the fullest attainment of adequate health for all as inequalities exist between and within nation. Item 4 of Alma Ata Declaration stated that people have rights to participate in the implementation of their health care. Concerted efforts were implemented to reduce the very core indicators that reflect the health of the nation such as maternal mortality and under-5 mortality rate (Planning & Developmental Division Ministry of Health Malaysia, 2011).

### **2.1 Antenatal and Newborn Care Services**

Women and Child Health Department under the jurisdiction of Ministry of Health Malaysia expended its scope to involve all reproductive age groups to cover premarital, antenatal care, interpartum and post natal care services. These antenatal services were provided at the primary health clinic, mother and child clinics as well as rural community clinics. The scope of service extent toward premarital couple screening and counselling, women planning for delivery, antenatal observation and surveillance, breastfeeding mother's support, family planning programme and immunisation of baby and follow-up till school going age.

An impressive 84% decline in MDG 5A from 140 to 29.1 per 100000 live birth respectively in 1970 and 1998 was due to the concerted effort of resources allocation, easy access to professional care and family planning services (United Nations Country Team, 2011). Ministry of Health Malaysia provided training to local birth attendants and health care services clinics were built in rural localities in order to increase accessibility. These boasted up our antenatal care coverage to 97.4% and birth by skilled personnel to 99.4%. Hence, the number of safe deliveries improved from 74% (1990) to 97.4% (2009).

The Maternal Mortality Ratio (MMR) plateau since 1998 and we are far from the MDG target of 11 per 100000 live birth by 2015. The states that recorded the highest MMR were Johor (51 per 100000 live birth), Perlis (50.9 per 100000 live birth) and Sabah (42.1 per 100000 live birth). The high MMR in Perlis could be the small denominators but it was the geographical barriers in Sabah that contributed to the 42.1 per 100000 live birth. This was attributed by immigrants with little education, contraception was not practice, limited access to antenatal care and high incidences of unsafe deliveries (United Nations Country Team, 2011).

### **2.2 Family Planning**

Malaysia is the 41<sup>st</sup> most populated country in the world. Early or late childbearing, poor spacing of pregnancy, unwanted pregnancies have a direct impact on a woman health and well-being. Family planning will arrest unintended pregnancies, reduce infant mortality, prevent sexually transmitted disease and slowing unsustainable population growth. In 1966 through the Family Planning Act, the National Population and Family Development Board (NPFDB) was formed to look into the population growth. By the implementation of the National Family Planning Programme, Malaysia had successfully reduced the population growth rate from 3% (1985 census) to 2.1% in 2012 (Malaysia, 2011).

National Population and Family Development Board looked into monetary budgeting, training of clinical personnel, patient information materials, supply of intrauterine device as

well as national and international news in favour of family planning to reinforce social and political support of this program. Their success led to setting up of Malaysia Federation of Family Planning Association in every state. By the 1970's there were integration of family planning into the wide network of primary healthcare services by the MOH. Private hospitals and private clinics jumped on board with the Malaysia Federation of Family Planning Association and Federation of Reproductive Health Association of Malaysia. Hence, the use of contraceptive prevalence rate increased substantially to 52% in 1984.

In the early stages, efforts were focus on increasing family planning acceptance. However, government called for a major shift to achieve a targeted population of 70 million by 2100. In the Second Malaysian Plan, the family planning was side-lined by the announcement of the National Population Policy. National Family Policy was written to raise the quality of family and human resource development by calling for the population increase from 12.6 million in 1984 to the targeted 70 million by 2100 (Aslam & Hassan, 2003).

### **2.3 Elimination of Unsafe Abortion**

WHO (2011) defined unsafe abortion as termination of a pregnancy by someone without the skills to perform safe procedure or in an environment that does not meet minimal medical standards, or both. This may lead to infection, sepsis and death and is the main cause of maternal mortality which stands at 13%.

In Malaysia, previously abortion was considered as a criminal offence under Penal Code Act 574, but amendments were being introduced where termination of pregnancies can be conducted under life-threatening or conditions which poses mental and physical threats to pregnant mothers. However, in some countries, abortions can be done based on socioeconomic grounds (Cyprus and Taiwan) or even without restriction to reason (China, Singapore and Vietnam) (Guttmacher, 2009).

In Malaysia the rate of illegal abortions is 0.1% or 500 per 500,000 live births yearly. Even though abortions can be conducted legally but many barriers existed in assessing safe abortion in Malaysia. There are a lot of misconception about the issue of abortion among the public as well as medical personnel about the legality (Abdullah, 2009). Additionally, the abortion method in government hospitals is still dilation and curettage which pose more risk and cost compare to outpatient vacuum aspiration procedures. Medications for abortions are not available in government hospital setting even though WHO listed these medications as essential drugs recently. Medical personnel complicate the issue of abortion by having unsympathetic and judgmental attitude towards patients who seeks for abortion (Abdullah, 2009).

With all these barriers, the Federal Reproductive Health Association of Malaysia determined to provide safe, sensitive, non-judgmental and affordable abortion related services (FRHAM, 2013a). Abortion client usually is one with a monthly household income of less than RM 2,000 (100%) and in her late twenties (54%) (Kamaluddin, 2010). Hence, Federal Reproductive Health Association of Malaysia provided service more for young women and under-served and marginalized groups. Pre and post abortion counselling, information on safe abortion and referrals for post-abortion care and treatment was provided as well (FRHAM, 2013a).

## 2.4 Sexually Transmitted Infections

Prevention and control of sexually transmitted infections should be an integral part of comprehensive sexual reproductive health services. National Strategic Plan on HIV/AIDS 2006-2010 serves as a policy for the country to combat HIV/AIDS. It focused on the management, surveillance and monitoring system in the community. Ministry of Health also collaborated with United Nations Children's Fund (UNICEF) to enable knowledge transfer and provide support for the implementation of the policy (UNICEF, 2014).

AIDS/Sexual Transmitted Disease Section, Ministry of Health Malaysia is responsible to handle issues of sexually transmitted infections, including HIV infection to ensure the community possessed good sexual and reproductive health knowledge. This section plans, coordinates programs and services in order to raise awareness among the public. Additionally, it also serves as advocacy for other NGOs to overcome the issue of sexually transmitted infections.

In 2010, vaccine for Human Papilloma Virus (HPV) was introduced to school girls age of 13 to prevent cervical cancer. Additionally, PROSTAR "Healthy Program without AIDS for Youth" introduced by Ministry of Health where the program is conducted by peer counsellor and the theme was "By Youth, Through Youth and For Youth" (PROSTAR, 2007). The Federal Reproductive Health Association of Malaysia also plays a role in reducing national incidence of HIV/AIDS by conducting various programs. Additionally, they also provide full protection of the rights of people infected and affected by HIV/AIDS (FRHAM, 2013b).

## 2.5 Healthy Sexuality

Comprehensive sexual education for adolescent can help them to understand their sexuality and become more responsible towards their own sexuality (Boonstra, 2010). A study conducted in Malaysia showed half of the adolescent respondents agreed that sexual education can decrease social illness and 78% agreed that sexual education should be incorporated into core subjects of curriculum (Siti Syahirah & Ruzianisra, 2012). Ministry of Education Malaysia suggested that sexual education to be introduced into secondary school curriculum. Study has shown that 90% of students from Malaysia public university claims that no formal sexual education received if compare to the UNESCO's 2009 curriculum guideline (Johari et al., 2012).

For sexual health of adolescent, the Federal Reproductive Health Association of Malaysia provides a youth friendly atmosphere enabling adolescent to understand their sexuality and ways of preserving it. As adolescents were becoming more sexually active but ignorance of them towards sexual and reproductive health is having a lot of negative impacts. Hence, Federal Reproductive Health Association of Malaysia took the initiative to campaign for policies and procedures changes and to improve adolescent access to related information and services (FRHAM, 2013c).

Internationally, sexual education are commonly introduced to adolescent and similar issues were being emphasized. Sexually transmitted diseases and HIV infections were being highlighted by most of the countries' curriculum as the disease is a major public health concern. Others issues being emphasized were information on teenage pregnancy, sexual abstinence and contraception. Skills on avoiding coercion and family communication

regarding sexual activity were included in some curriculum (Guttmacher Institute., 2013). Additionally, Family Planning Queensland, Australia had collaboration with authors producing children books which emphasized and teaches children about self-protection against any form of sexual abuse. Among the books which were popular for this purpose are “Everyone’s got a Bottom” and “Please Tell! A child’s story about sexual abuse”.

### **2.6 Sexual violence and sexual related crimes**

Sexual violence were also a major problem among women and child in the paths of obtaining healthy sexuality. Crimes involving rape, incest and sexual harassment were rising at an alarming rate. Domestic Violence Act was implemented nationwide to protect women and children against domestic violence which includes sexual violence. Many Non-Governmental Organization’s (NGO) provided support on sexual violence against women and children. The organizations includes All Women Action Society, Women’s Aid Organisation and Women’s Crisis Centre. These NGOs worked closely with Ministry of Health and National Population and Family Development Board to come up with programs to eliminate domestic violence.

Internationally, many initiatives have been taken to curb increasing of sexual related crimes. Terre des Hommes is a NGO based in Netherlands where they have developed computerized software in a form of a girl call ‘Sweetie’ which being used to trap child sex predators. Astoundingly, within 10 weeks of implementation 20,000 child sexual predators had approached ‘Sweetie’ online requesting her favour and 1,000 predators from 65 countries have been identified and been reported to the respected local police for further action (Terre des Hommes International Federation, 2013).

In Unite Kingdom, a database (<http://ukpaedos-exposed.com/>) have been created to list down all sexual related offenders and placed them according to the territory in the country. Sexual related offenders can be clearly identified as their pictures were included. Therefore, potential risk factors can be identified and eventually precaution measures can be taken. Additionally, this may act as a deterrent factor to potential sexual predators. Besides this, increasing trend of abandoned babies were also a major concern in this country. There were 407 of baby dumping reported from 2005-2010 according to data obtained from the Royal Malaysian Police (Razali, 2012). Therefore, OrphanCARE was established in 2008, under the patronage of Sultanah Hajjah Kalsom of Pahang started the nation first baby hatch. Their tagline was “every child needs a family” whereby mothers can leave their babies in a safe place. This concept is to prevent babies being abandoned in unsafe environment which eventually may lead to mortality.

### **3.0 Conclusion**

According to Glacier et al., (2006), in order to implement sexual and reproductive health services comprehensively, accessibility and equalities to health services should be emphasized. Therefore the sexual and reproductive health services should be expanded for those who were in need particularly the poor, marginalized, socially excluded and under-served. Target of Millennium Development Goal 5A in reducing maternal mortality rate in Malaysia showed unfavourable results. Hence, this problem should be prioritized by Ministry

of Health order to close the gap.

Family planning should be given more priority as unmet needs are still high in Malaysia. With adequate family planning, many of sexual and reproductive health related problems can be solved, namely maternal mortality rate due to inadequate spacing. According to Sedgh et al., (2007), the incidence of unmet needs leads to an increase of incidence of unsafe abortion. Barriers for accessing abortion services should also be eliminated in order to provide better services. Method of creating a database for sexual offenders should also be existed in order to sustain the peace in the society and bring some sense of relief to their people. Curbing sexual related crime involves multi agency approach and careful planning and implementation of such policies can in fact bring peace to the society.

Campaigns like ‘Kami Prihatin’ helps to raise awareness towards a healthy sexual and reproductive rights. Additionally, healthy sexuality should be promoted especially among adolescents. Sexual education should be provided comprehensively to adolescent to teach them about sexual abstinence, sexual responsibility and how to avoid sexual coercion in a more effective way. Sexual health of elderly should be addressed as well as currently services for elderly concerning sexual and reproductive health is still unavailable.

Sexual and reproductive health in Malaysia were implemented accordingly to the main focuses of strategy by World Health Organization. Even though our achievements were almost at par with developed countries but there were still room for improvements. Inter-sectoral and international collaboration should be increased in order to achieve better results in terms of services. Additionally, more resources should be allocated for sexual and reproductive health services namely monetary, facilities as well as personnel.

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## **Declaration**

Author(s) declare that all works are original and this manuscript has not been published in any other journals.

## **Authors’ contribution**

Author 1: Idea conceptualizing, editing the final manuscript,

Author 2: Idea conceptualizing, literature review, writing the manuscript, publication

Author 3: Idea conceptualizing, literature review, writing the manuscript

Author 4: Literature review, writing the manuscript

Author 5: Literature review, editing the manuscript

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