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PERSATUAN HAK KESIHATAN WANITA

# Findings on barriers of access to sexual and reproductive health (SRH) services in Peninsular Malaysia.

# Introduction

Findings based on

a) Clinic research - services provided by private clinics
b) Hotline research - experiences of women facing unwanted pregnancy

SRH services include contraceptives, safe abortion and STI testing.

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# During pandemic restrictions

1. Clinics reported a **50% drop in the number of patients** on a monthly basis during MCO. At the same time the **RRAAM hotline observed a 48% increase in the number of requests for safe abortion services.**
2. Doctors highlighted that **roadblocks and traffic congestion caused delays for women seeking to deliver** babies.
3. **Fear of arrest by authorities while travelling** further prevented patients from accessing clinics for SRH services.
4. **Increased barriers of access** i.e. restricted travel mobility, increased financial constraints due to job loss. This was observed globally to have increased effect on more vulnerable people (victims of domestic assault).

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# Stigma

1. **Stigma is prevalent for persons seeking SRH services as well as SRH service providers.**
2. Stigma is harmful due to the subtle manner in which it permeates our society, and has an impact on the day to day lives of people.
3. **Doctors providing abortions prefer to remain discreet** to avoid confrontation with authorities.
4. Many SRH service providers maintain that **abortion is only allowed to preserve the mental or physical health** of the pregnant person.

# Non-judgemental services?

1. Doctors believe that **stigmatisation serves as a barrier of access** to STI testing for patients.
2. Doctors further disclose that they receive **few requests for STI tests.**
3. **Services are predominantly accessed via private service providers.**
4. Culture, religion and marital status of patients affect services provided to them.

# Doctor-Patient dynamic

Many **women are not aware of their options** when it comes to sexual and reproductive health rights, and may often depend on the doctor to provide them with information. **Doctors must not impose personal principles, judgments and assumptions onto women** seeking services and choose to deny services to patients.

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# Lack of new generation service providers

Most doctors interviewed have **over 30 years of experience.**

Reasons that explain **reluctance on the part of younger doctors** (to perform abortions in particular), include:

1) **stigma** surrounding abortion
2) the **moral beliefs of doctors**, which affect patients
3) lack of exploration of SRH within the **medical syllabus**
4) lack of **government strategy** to make all SRH services accessible as a key element women-centred healthcare.

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# Racial bias

1. **Race of patients** affect service provision by doctors - not always non-judgemental service.
2. Doctors also take into consideration **religious and racial background of persons seeking abortions** - may choose to offer adoption services rather than providing abortion.

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# Gender norms

1. Women depend on **partner approval before taking up a form of contraceptives**.
2. Married women preferred not to take up a form of contraceptive if they did not have spousal approval, and would **resort to having multiple abortions as the solution to an unwanted pregnancy.**
3. The research found that **access to contraceptives for unmarried women remain stigmatised** both in public and private clinics, and that requests for contraceptives are limited.
4. **Stigma towards gender non-conforming persons was also found in some clinics**.

# Violence

1. Couples choose **not to report** domestic violence or sexual assault.
2. Doctors and nurses are **not trained to observe for signs of assault**.
3. Doctors prefer to **refer victims of sexual assault to government hospitals**.
4. Some private doctors provide safe abortion **services at discounted rates**, or free of charge, for victims of rape.

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## Contraceptive use

1. Uptake remains low, even among women who face multiple unwanted pregnancies.
2. Some women choose to use abortion to address an unwanted pregnancy.
3. Contraceptive failure continues to occur on birth control .
4. Education highlighted as a barrier of access to contraceptive uptake.
5. Cost of contraceptives was not highlighted as a barrier of access by doctors.

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# Background of RRAAM hotline

The **RRAAM hotline provides information on safe abortion services to women experiencing unplanned pregnancy.** Research into the hotline includes interviews with hotline advisors and analysis of data collected from hotline clients.

# Key findings

1. **Almost 50% of initial callers become unresponsive.**
2. Women **disclose their reasons** for seeking a termination.
3. **Legality of abortion services remain unknown** among public.
4. Women **choose to travel longer distances for safe abortion** to avoid stigmatisation.
5. **Financial barriers deny women their right** to a safe abortion.

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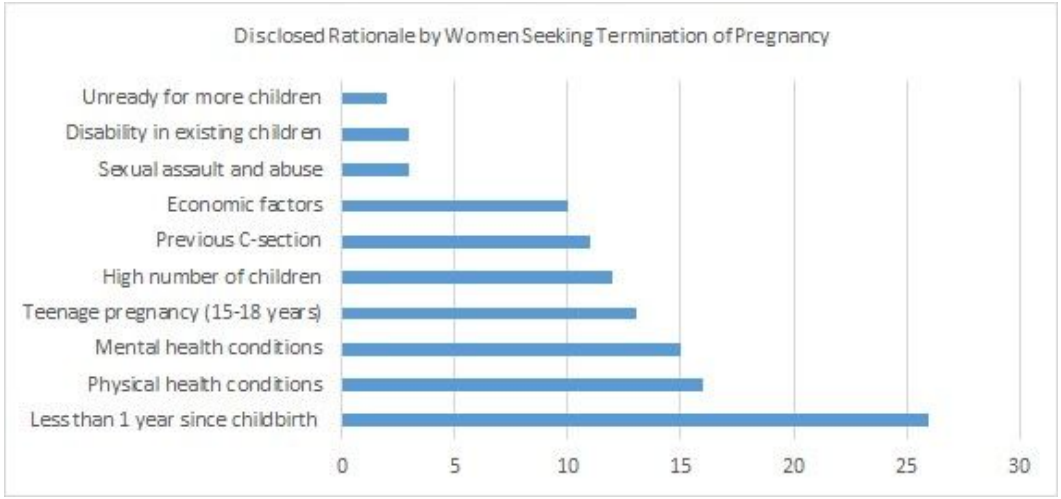
# Hotline data




Data provided by women shows **factors causing women to terminate unwanted pregnancy, including various mental and physical health reasons.**

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# Recommendations going forward

1. Provide SRH services as an element of women's healthcare.
2. Make medical abortion accessible via doctors (for 9 weeks and below).
3. Active government initiatives to address root causes of unwanted pregnancy.
4. Training for all healthcare providers and workers.
5. Improve access to information and referrals to non-judgemental SRH care.

END.

# Q+A