rraam
reproductive rights advocacy alliance malaysia
Persatuan Hak Kesihatan Wanita

On the Line:

Insights from a Mixed Methods Study of the RRAAM Hotline from 2021 to 2023

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Introduction

The **Reproductive Rights Advocacy Alliance Malaysia (RRAAM)** hotline was established in 2009 as a non-judgmental and rights-affirming source of information for people navigating unplanned pregnancies and seeking safe abortion access in Malaysia. As a community-led effort grounded in sexual and reproductive health and rights (SRHR) values, the hotline bridges a critical gap in access by offering timely and accessible support and accompaniment throughout an abortion-seeker's journey in Malaysia.

This report presents a mixed-methods analysis of 5,321 hotline user interactions from 2021 to 2023, with a quantitative overview of hotline reach and a qualitative account of user narratives and reflections from hotline paracounselors' experiences. These perspectives illuminate existing barriers to accessing safe abortion in Malaysia, as well as the ways in which abortion hotlines and their workers continue to be a powerful source of support and connection through moments of crisis and unplanned pregnancy, in Malaysia and around the world (Gill et al., 2021).

Despite an estimated 100,000 unplanned pregnancies occurring annually and over 1,000 reported cases of baby dumping between 2010 and 2022 (Tang, 2019), Malaysia continues to suffer from a deep lack of coordinated response to this crisis. Rates of maternal mortality remain highest among rural, migrant, and otherwise marginalized communities, often driven by a lack of access to healthcare facilities and delayed care (World Health Organization, 2025). As reaffirmed by global evidence, restrictive abortion laws and opaque systems correlate directly with poorer health outcomes (de Londras et al., 2022), disproportionately affecting those already facing systemic exclusion, yet these realities are not reflected yet in increased access through policymaking or healthcare systems.

Through the voices of RRAAM hotline users and paracounselors, this report aims to offer a window into the lived experiences of abortion seekers in Malaysia. It seeks to document how people seeking access through the RRAAM hotline are making reproductive decisions for themselves and their loved ones, often in the face of stigma, fear, and legal ambiguity, and how the hotline represents a crucial lifeline with both information to abortion access and non-judgemental support. Through these windows, we are able to reimagine a more just reality for all people of reproductive ability in Malaysia, with access to reproductive rights and services as we wish for, on our own terms.

Methodology

Research Design

This study adopts a mixed-methods approach. The quantitative component provides a broad overview of user demographics, abortion pathways, and trends across three years. Complementing this, qualitative data was drawn from user interactions, paracounselor interviews, and 16 narrative case studies to surface insights on their experiences with the hotline, decision-making, and structural barriers to abortion access in Malaysia.

Data Sources and Selection

The quantitative component involves gathering information from users who interacted with paracounselors through the hotline. This data was primarily extracted from consultations with hotline users, beginning with a brief questionnaire through WhatsApp chat, with questions pertaining to their demographic characteristics (e.g. age, marital status, number of children) and abortion-related characteristics (e.g. dates of their last menstrual period). The questionnaire was voluntary in nature, and users could choose to answer all or some of the questions asked. All user details were recorded in a standardized data collection spreadsheet shared securely across the hotline paracounselor team. Users were periodically followed up with until the end of the month. If no response was received after follow-up, users were regarded as lost to follow-up and excluded from the final data analysis.

The qualitative component draws from three key data sources:

- **Hotline User Data:** Anonymized records from user interactions between 2021 and 2023, including user messages, paracounselor notes, and internal documentation. These reflect real-time questions, needs, fears, and decisions related to unplanned pregnancy and abortions.

- **Paracounselor Interviews:** Three paracounselors answered open-ended survey questionnaires shared with them through email, composed of nine questions based on their work on the hotline during this period. Their written reflections shed light on changes in user demographics, recurring challenges, and their role in offering non-judgmental, rights-based support.

- **Selected Hotline Stories:** Sixteen user stories were selected by the RRAAM coordinator that reflected a range of experiences across geography, age, marital status, number of children, migration status, and abortion pathways across 2021 to 2023. The stories were de-identified and are presented as narrative case studies throughout the report.

Qualitative data was purposively sampled to ensure variation in age, marital status, number of children, and abortion method. Paracounselors were selected based on tenure and diversity of case experience.

Data Analysis

Quantitative data was analyzed using descriptive statistics to analyse users' characteristics and to identify patterns associated with each variable. These were expressed in percentages and frequency. Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) software version 30.0 for Windows (IBM® SPSS® Statistics, Armonk).

Qualitative data was analyzed using a thematic analysis approach, with recurring themes identified through an iterative review of hotline transcripts, notes, and survey material. Data coding was done manually, focusing on user emotions, barriers to access, decision-making pathways, and the support provided by the hotline.

Findings

Structural Barriers to Safe Abortion Access

Although abortion is legally permitted in Malaysia under specific conditions of preserving the pregnant person's life, or physical or mental health as per Section 312 of the Penal Code, RRAAM hotline data from 2021 to 2023 revealed that practical access to safe abortion remains deeply constrained by structural barriers, including legal and socioeconomic barriers. Despite longstanding, nation-wide advocacy and efforts from organizations such as RRAAM, these barriers continue to impact the experiences of those navigating unwanted pregnancies in Malaysia.

One of the most persistent barriers was the lack of accurate, accessible, and non-judgmental information. Many users contacted the hotline only after facing issues such as uncooperative medical professionals, receiving misinformation regarding abortion access, or falling victim to online scams. In several cases, users had already depleted their savings on counterfeit abortion pills or traveled long distances to clinics that ultimately refused them abortion services. These experiences not only delayed access to timely care, but also exacerbated users' emotional distress and economic vulnerability. In addition to economic constraints, users reported a profound fear of institutional repercussions, including termination of employment, possible imprisonment, deportation risks, and community stigma, particularly among public sector workers and migrant populations.

I'm a government worker, and [the pregnancy] will be grounds to terminate my employment if my office finds out.

Government hospitals and state-run family planning clinics were frequently described as being unwilling to provide information on or referrals to abortion services, often due to the providers' own lack of knowledge or personal opposition to abortion rights. These findings echo broader research that shows persistent confusion among healthcare providers regarding the legal status of abortion (Low et al., 2015) and the absence of abortion education in national SRHR curricula (Zulfais Shah et al., 2021; Khalaf et al., 2014). Collectively, these structural obstacles reinforce inequities in reproductive autonomy, disproportionately affecting those with limited financial, legal, or social capital.

Quantitative Insights:

- **48.4% of users preferred medical abortion**, yet the method remains inaccessible through formal medical channels in the country, with misoprostol having been deregistered in 2020, and mifepristone never having been registered at all.
- **43.1% of the users who disclosed their employment status were not employed.**

Financial barriers emerged as a significant constraint to timely and equitable abortion access, compounded by the lack of price regulation for abortion services across Malaysia. Unregulated fee structures exposed users to unpredictable and often exorbitant costs, particularly in the private sector, where prices varied depending on the provider, gestational age, method, and any medical complications (Tong et al., 2014; SafeParenthood Malaysia, 2015; Rawther et al., 2020a). Users in peri-urban and rural areas faced additional logistical expenses for travel, accommodation, food, and other care economy needs such as childcare, as most network clinics were concentrated in urban areas.

For many users, these cumulative costs often caused delays in accessing abortion services, pushing them further into their pregnancies. As a user's gestational size increased, so did the complexity and cost of procedures, oftentimes beyond users' financial capacities. In cases where individuals surpassed the legal gestational limit for abortion, the option then became entirely inaccessible. Nearly half of the users who disclosed employment status were unemployed, indicating a heightened vulnerability to financial delays and the risk of being priced out of care completely.

Navigating Stigma and Secrecy

Abortion stigma emerged as a deeply entrenched force that was shaping the experiences of hotline users. Despite repeated assurances of confidentiality by the RRAAM hotline, stigma continued to permeate many users' interactions, significantly influencing their care-seeking behavior and willingness to disclose personal information that might support their access to abortion services. This aligns with broader research that highlights how stigma continues to mediate abortion access, even in legally permissible settings (Strong et al., 2023).

> *I want to get an abortion but I'm unsure how to go about this. I haven't gone to a clinic yet due to the stigma.*

Hotline transcripts revealed that users frequently expressed the need to justify their abortion decisions at length, providing highly detailed rationales or moral and physical reasonings for their decision to terminate their pregnancy. These narratives often exceeded what was strictly necessary for the scope of the hotline service, suggesting the internalization of societal and moral judgment. Even among users who had already decided to have an abortion, stigma continued to have an impact on their decision-making, particularly around when and how to seek care, who to confide in, and how to process their experience emotionally. The emotional burden of unspoken stigma represented an additional weight that users carried throughout their abortion-seeking journey.

Quantitative Insights:

- **13% of users disengaged** after receiving a follow-up, likely due to confidentiality concerns.
- Despite the potential risk of stigma, **73% of users chose to disclose their marital status**, with 58.4% of these identifying as not married.

Abortion remains a largely taboo topic in Malaysia, a Muslim-majority country with a relatively conservative society. As a result, disseminating information regarding abortion through an SRHR lens remains a significant challenge (Khalaf et al., 2014). However, despite being a largely stigmatized topic, the consistently growing number of RRAAM hotline users, proportionate to the increase in capacity of the RRAAM hotline team, indicates that safe abortion access continues to be steadily sought after in the country. Failing to provide information to accurate and non-judgmental resources will likely only drive users away from timely abortion access, putting them at risk of not obtaining abortion services at all, as evidenced by the consistent trend in baby dumping and teen pregnancy rates in recent years.

Of note were the 13% of users who disengaged from contact after being given the questionnaire. While this is an improvement from our previous research, in which more than 50% of users “pulled a disappearing act” after being sent the questionnaire (Rawther et al., 2020b), it still indicates a fear of being identified and known through personal details shared on the hotline, potentially preventing some users from accessing information in a comprehensive manner.

This was also reflected in the proportion of missing data for each sociodemographic characteristic, where users were less likely to provide information that could be deemed sensitive or identifiable in nature, such as their occupation. Interestingly, a majority of single users were willing to disclose their marital status, despite the stigma surrounding premarital sex and pregnancy out of wedlock.

Making the Decision: Beyond Common Assumption

A common theme that emerged from users' decision-making in seeking an abortion was a consideration of their current circumstances and ability to be a responsible individual, and for some, responsible parents. In some cases, pregnancies were wanted and desired, but could not be carried through due to life-threatening medical conditions or financial precarity, especially as the country came out of the COVID-19 pandemic and lockdowns. It was clear that some users felt the need to explain and justify their circumstances during hotline interactions, reflecting the self-stigma which can penetrate many abortion decisions and seeking.

> *Both my husband and I are carriers of the genetic disease called cystic fibrosis. We [had] a daughter who passed away from this disease at 5 years old. I am currently 4 weeks pregnant and wish to terminate the pregnancy.*

Despite objections that increasing abortion access might also increase the volume of abortion seekers, this has not been the case globally (Maizland & Fong, 2025). A large number of hotline users expressed both clarity and responsibility in their reasoning for seeking termination of pregnancy, with users who had 1 child or more often expressing the need to prioritize the care of their existing children. This underscores the decision-making process which many abortion seekers undergo, contrary to stigmatized perceptions of the "average" abortion seeker (Hoggart, 2017).

Quantitative Insights:

- **37% of hotline users had at least one child.** Many users cited poor pregnancy spacing and economic constraints as factors in their decision to have an abortion.
- Approximately **1 in 3 clients who reported having 5 or more children disclosed having medical issues as a reason for being unable to carry their pregnancy.**

Hotline users who had children expressed concerns regarding poor pregnancy spacing and large family sizes, highlighting the need to strengthen access to family planning services and education, including postpartum contraceptive uptake. The unmet need for contraception amongst people of childbearing age in Malaysia remains high at nearly 30% (Wan Jusoh et al., 2025), with the contraceptive prevalence rate in Malaysia being much lower than other Southeast Asian countries

at only 32% (Najimudeen & Sachchithanantham, 2014). For users who already had one child or more, medical issues were among the most common reasons to not continue with the pregnancy, also indicating the need for more awareness surrounding pre-pregnancy care and the management of non-communicable diseases (NCDs) amongst people of childbearing age in Malaysia.

The Role of the Hotline: Increasing Care and Capacity

For many users, the RRAAM hotline was the first and only source of accurate and non-judgmental information about safe abortion access in Malaysia that they encountered. In a national context where public knowledge is often limited and where stigma remains widespread, the hotline played a critical role in enabling users to make timely, informed decisions with understanding and security. Users described the hotline as a secure, confidential space where they could ask questions and receive clear and compassionate guidance, without fear of legal repercussions or judgement.

> *I noticed your website, then I realised [that I could] get advice from you first."*
> *"We are at [our] wit's end and really need your help … We are hopeful when we [found] RRAAM and we wish to know more details [about] abortion.*

In addition to providing information, the hotline served as a site of emotional accompaniment during a time of distress or heightened emotions. Users frequently expressed relief and gratitude for the empathy and reassurance which they received from paracounselors, particularly while navigating various barriers to accessing abortion services. Users also expressed gratitude for the hotline's non-judgmental responses and information sharing. In some cases, the hotline was the sole connector for users in accessing abortion care in Malaysia, highlighting the critical role of paracounselors in information provision and in emotional accompaniment, where possible.

Quantitative Insights:

- **Hotline outreach included users across all West and East Malaysian states,** as well as 49 users who were based overseas.
- Following the hiring of a full-time RRAAM coordinator and increased hotline team members, the hotline saw a direct increase of **85.8% in users between 2021 and 2022**.

The RRAAM hotline received inquiries from across all Malaysian states, as well as from individuals overseas, highlighting the widespread and transnational demand for abortion-related information and support. While this demonstrates the relevance of safe abortion access across urban, peri-urban, and rural settings, a persistent barrier to safe abortion access remains the ongoing geographic mismatch between users and available providers.

Outside of the most populated urban cities, such as Kuala Lumpur, there remains a large gap in service provider availability and knowledge. Such disparities likely contributed to delays in access, particularly for individuals in peri-urban or rural areas where services remained limited or absent. Users in these areas were directed to the closest state locations where network clinics were known to operate.

One significant shift was reflected in the expanded organisational capacity of RRAAM, beginning in 2022, where increased donor funding enabled the full-time hiring of a dedicated hotline coordinator. This, in turn, allowed RRAAM to scale up its outreach through social media and in-person efforts, as well as increasing the overall capacity of the hotline paracounselor team. This directly correlated with a measurable increase in hotline use from 2022 to 2023. The expansion and increased organization of paracounselor training, including wellness and self-care efforts, allowed the organisation to meet growing demand for hotline services, ensuring that more users received accurate, timely, and non-judgmental support.

Self-Managed Abortions as a Growing Preference

Medical abortion enables individuals to undergo self-managed abortions within their own homes, which is an added advantage for those with restricted access to abortion provider clinics or those wishing for more privacy and autonomy over their abortion process (Kanstrup et al., 2018). As a method of abortion which has shown extremely high rates of safety and self-empowerment for the user (Jayaweera et al., 2023), self-managed abortions with pills also enable users who reside in regions with limited or no abortion clinics to access care without having to travel long distances, representing an added advantage in situations involving financial difficulties, gender-based violence, and government-sanctioned movement restrictions, as witnessed during the COVID-19 pandemic lockdowns (Wainwright et al., 2016; Assis & Larrea, 2020).

Unfortunately, medical abortion is still not legally available from any healthcare providers or pharmacists in Malaysia. Misoprostol was de-registered without reason in 2020, while mifepristone has never been registered in Malaysia, despite both pills being on the WHO Model List of Essential Medicines (World Health Organization, 2023). This significant gap has long created a void in abortion access in Malaysia, where it has been met by online sellers and scammers offering counterfeit abortion pills, in an environment already suffused with stigma and fear.

> *I had an abortion before at [a clinic] ... Now, I'm wondering if it's possible to get the pills instead?*

A majority of hotline users indicated a preference for self-managed abortion with pills, naming the privacy and autonomy which it offers over surgical abortion, as well as its lower cost and higher level of availability, particularly for abortion-seekers who were unable to travel to clinic areas. Hotline users highlighted a fear of being scammed, doubts regarding the quality of pills purchased through unverified sources, and a lack of in-depth guidance to using the pills as part of their considerations in selecting an abortion method. Several users who contacted the

hotline reported that they had already fallen prey to abortion pill scams, requiring further intervention for advanced pregnancies or depleted funds for their abortion.

Transnational allies such as Women on Web and Women Help Women continue to be invaluable partners in providing hotline users with holistic information, guidance, accompaniment, and affordable pricing for self-managed abortions. The hotline was able to connect users with these organizations as a trusted source for abortion pills and online consultation. As users grow more aware of self-managed abortion as a viable and safe option, these network alliances make up the "constellation of actors" which support abortion access and reproductive justice throughout the country (Berro Pizzarosa & Nandagiri, 2021).

Quantitative Insights:

- The majority of users contacted the hotline during their first trimester **(38% of total)** - the recommended period for self-managed abortion with pills.
- **Medical abortion** was the preferred abortion method for the **majority of users (40.1%)**.

These findings align with global research highlighting the appeal and advantages of self-managed abortion care, particularly in contexts of restricted mobility, financial insecurity, or state surveillance (Kanstrup et al., 2018; Levine & Cameron, 2009). While the absence of formal registration continues to create space for potential exploitation, existing transnational networks and partnerships harness the efficacy and proven safety of self-managed abortions to provide users with the ability to have abortions within the comfort and security of their chosen environments. This is seen in the rising demand for self-managed abortions, as users grow increasingly informed and empowered by the choices available to them. Through their choices, in a system that holds up barriers to so many steps of their abortion-seeking journeys, self-managed abortions represent a radical act of self-care for hotline users.

Paracounselor Insights

To understand the evolving landscape of abortion access in Malaysia from the perspective of those providing support, we conducted surveys with three hotline paracounselors who were active between 2021 and 2023. These paracounselors underwent training in providing non-judgemental information to safe abortion access through the hotline, offering a unique perspective on the emotional, logistical, and systemic challenges that users face, alongside their own experiences in navigating the emotional labor of this work.

Shifting and Revealing Demographics

Paracounselors noted that the demographic profile of hotline users had become increasingly diverse. While younger individuals, including students and unmarried women, remained the primary users of the hotline, there had also been a notable increase in older and married users, many of whom were already parenting multiple children and/or facing complex medical situations. This reflects a broader normalization of abortion-seeking across life stages, even within a sociopolitical environment that often restricts open discourse on reproductive rights and abortion access.

It has changed my perception about the types of people who seek an abortion, as well as normalised abortion as a medical procedure that should not be stigmatized.

Despite increased awareness of abortion access through the RRAAM hotline and advocacy efforts, paracounselors expressed their concern over the frequency with which users contacted the hotline at later gestational stages, most often in the second trimester. These delays were commonly attributed to prolonged periods of mismanaged self-management, misinformation, and service refusals from medical providers on the basis of stigma or moral grounds.

Sometimes clients come to us too late, and we have to help them navigate the helplessness and share resources for a way forward.

However, further investigation revealed that the proportion of second trimester users remained fairly similar from 2021 to 2023, even showing a slight decrease from 6% of all users in 2021 to 5.5% in 2023. As paracounselors, second and third trimester pregnancies represented cases which typically caused the most concern, as the availability of options significantly decreased and barriers such as financial costs exponentially increased.

For users who had crossed the legal gestational limit for abortion, paracounselors offered options for safe delivery and adoption instead, including resources and organizations such as the government-supported baby hatches at OrphanCare, and further psychosocial support through available counseling options.

Quantitative Insights:

- The proportion of second trimester users showed a slight decrease between 2021 and 2023, from 6% to 5.5%.
- **Between 2021 and 2023**, there was a **threefold increase** in the number of hotline users aged 35 years and above, from 110 users in 2021 to 342 users in 2023.

A Lack of Comprehensive Sexuality Education (CSE)

Another notable theme was limited user access to comprehensive sexuality education (CSE), potentially contributing to misinformation, fear, and delays in seeking abortion access. Paracounselors described how users often approached the hotline with minimal knowledge of reproductive processes, impacting their own ability to access timely and safe abortions.

> *[The most common challenge is] clients who don't know enough about their own bodies ... [They] often have oddly specific questions, which usually culminate in "Am I pregnant/what is the risk of me being pregnant?"*

In this context, the hotline became not only a site of information provision, but also an emergent space for informal sexuality education. Paracounselors highlighted the dual responsibility of delivering factual and time-sensitive information on safe abortion access, while simultaneously validating users' emotional experiences that could be shaped by shame, fear, and misinformation.

Quantitative Insights:

- The hotline recorded **74 requests regarding issues not directly related to abortion access**. These users asked questions pertaining to various SRHR-related topics, including regular and emergency contraception, consent in relationships, sexually transmitted infections, and access to non-judgmental medical services for reproductive issues.

Care as a Site of Resistance

In a country where abortion is legally permissible, yet remains inaccessible and highly stigmatized, the RRAAM hotline continues to serve as a bridge between structural barriers to access and the lived experiences of people seeking abortion services and care. The hotline and its accessible and non-judgmental provision of information and accompaniment serve as a direct counterforce to stigma, offering users wider options and understanding in moments when they might feel most vulnerable.

> *It is a daily practice in empathy, and identifying the gaps that continue persistently with regards to reproductive justice in Malaysia.*

Paracounselors called for a continued investment in the hotline, not just as a service, but as a political tool that reflects the belief that everyone deserves equitable access and care. In the broader struggle for reproductive justice in Malaysia, the RRAAM hotline and its dedicated team of paracounselors represent a site of resistance, serving each individual that approaches the hotline with care, empathy, and solidarity in the multiplicity of situations which accompany abortion seekers' journeys.

More Quantitative Findings: Trends and Patterns

- **Number of users (2021, 2022, 2023):** 821 → 1525 → 2975 users.
- **Age:** Median - 26 years old; 65% of users between 18 to 29 years; 0.9% minors (17 years and below).
- **Marital Status:** 54.7% unmarried users; 41.6% married.
- **Children:** 63% had none; 2.6% had 5 or more children.
- **Preferred Method:** 40.1% preferred medical abortion, 30.5% surgical, with the remaining undecided.
- **UPT Results:** 86.3% tested positive before approaching the hotline.
- **Gestational Age:** 84% of users approached the hotline in their first trimester; 1.3% had gestational sizes above 22 weeks.
- **Location:** 68% of users were from the Klang Valley; 5.4% from East Malaysia; 1.3% were overseas.
- **Occupation:** Only 27.8% disclosed their occupational status; nearly half of those were unemployed.

See the Appendix for further details on the quantitative findings.

Discussion

Integrating Comprehensive Sexuality Education (CSE) as a Core Component of SRHR

Comprehensive sexuality education (CSE) is a globally recognized, holistic intervention grounded in human rights and evidence-based principles, equipping individuals, particularly young people, with the tools to make informed choices, negotiate consent, and reduce their risk of unintended pregnancies and STIs (UNESCO et al., 2018).

Despite ongoing discourse and advocacy for increased sexual and reproductive health and rights (SRHR) in Malaysia, the ongoing reality points to critical gaps in the access to accurate, comprehensive, and contextually appropriate sexuality education. As evidenced by the RRAAM hotline and its findings, CSE plays an important role in equipping people of reproductive age with the bodily autonomy and knowledge needed to combat the stigma and misinformation that can exacerbate poorer health outcomes and unintended pregnancy rates.

Efforts like the RRAAM hotline to increase access to safe abortions cannot function in isolation. Without concurrent and widespread access to CSE, individuals, particularly younger people, remain highly vulnerable to systemic barriers that limit their reproductive knowledge, autonomy, and ability to care for themselves. The components of education and care must be treated as mutually reinforcing elements of a holistic SRHR framework in Malaysia. It must be acknowledged by policymakers, educators, and healthcare leaders that fragmented interventions that address one without the other fail to adequately respond to the complexity of people's lived experiences.

As evidenced in multiple country interventions, implementing CSE has been shown to successfully reduce the rates of unplanned pregnancies, including adolescent pregnancies (Myat et al., 2024). As a country, Malaysia continues to struggle with lowering the rate of teen pregnancy, amongst other adverse health indicators of a lack of successful CSE implementation, reinforcing its crucial need and role as a core component of SRHR.

Abortion Access as a Necessary Public Health Intervention

Baby dumping continues to be treated as an individual moral failing and tragedy, when in fact, it is a predictable outcome of structural neglect. The recurring incidences of baby dumping over the past ten years, which was a key catalyst for the establishment of the RRAAM hotline and organization, has not diminished in subsequent years. This alarming trend reflects the country's failure to address the underlying causes of unwanted pregnancies, including limited access to contraception, inconsistent implementation of CSE, and insufficient structural

support for individuals experiencing unwanted pregnancy, including access to abortion. Public discourse around baby dumping often centres around moral panic and criminalizing the pregnant person, deflecting attention from the broader social conditions that shape these outcomes.

In the absence of a comprehensive public health response and CSE, the RRAAM hotline functions as a critical harm reduction mechanism, filling a persistent gap by providing information and support to individuals navigating unplanned pregnancies within a constrained and stigmatizing health system. However, it does not and should not replace the role of institutional actors, a non-stigmatizing healthcare system, and supporting policy for abortion seekers. The continued importance and demand for the hotline underscores the need for structural reforms that centre reproductive justice rather than moral or religious judgment.

Stigma as a Greater Barrier than the Law

While Malaysian law permits abortion under specific conditions, stigma, rather than strict legality, remains the primary obstacle to abortion access in the country. Widespread knowledge of this legality is limited amongst the general population and health providers themselves, who have been known to perpetuate misinformation or deny services to users based on their own personal beliefs and stigma. Consequently, many individuals either assume that abortion is completely illegal or that they may be prosecuted and imprisoned for seeking out safe abortion services.

This landscape of misinformation creates conditions in which individuals are forced to seek care through informal and unregulated channels, exposing them to heightened risks of financial exploitation, emotional distress, and health complications. Stigma, in this context, operates not only as a social burden but as a structural determinant of health. Reducing stigma must therefore be seen as a core public health priority in Malaysia.

The RRAAM hotline plays a critical role in responding to this challenge. Its existence offers a counternarrative to conceptualizations of abortion as immoral or deviant. By providing accurate, non-judgmental, and rights-based support, the hotline contributes to the normalisation of abortion access as a part of essential healthcare. It further challenges the social conditions that make abortion less accessible, highlighting the urgent need for sustained efforts in provider sensitization, values clarification, and public discourse transformation.

Recommendations

Sustain and Scale Support for RRAAM Infrastructure

The growth and uptake of RRAAM hotline services demonstrates that when resourced fully, community-rooted initiatives can significantly expand access to timely, accurate, and stigma-free information on abortions. The marked increase in hotline users through the hiring of a dedicated RRAAM coordinator, as well as the increased size and capacity of the hotline paracounselor team, highlights the significance of sustained investment in local abortion support infrastructure in meeting the demand for abortion access. As a non-profit organization, RRAAM is able to operate through institutional funders and individual donors. Within a rapidly shrinking funding landscape, particularly following the Trump administration's withdrawal of support for global reproductive health funding (Xu, 2025), the RRAAM hotline requires stronger support and dedication than ever to continue its life-saving work and outreach. Providing core funding to groups working on a grassroots and national level, such as RRAAM, is essential to expand its reach to underserved and marginalized populations in Malaysia.

Reform Legal and Policy Frameworks

Malaysia's current legal framework renders abortion permissible under narrow conditions, yet widespread confusion and fear surrounding the law contribute to stigma, provider hesitancy, and reduced access to care. Decriminalizing abortion and shifting towards a reproductive justice approach that affirms the autonomy and dignity of abortion seekers is critical to ensuring meaningful access. Beyond legal permissibility, comprehensive law and policy reform must address the lack of regulatory boundaries that enables exploitative practices and provider discretion in ways which can endanger patient safety and wellbeing. While the RRAAM hotline serves as one outlet for people in Malaysia to access information on safe abortion services, it cannot replace a non-stigmatizing and rights-based medical and legal system.

Re-register Medical Abortion Pills

The re-registration of medical abortion pills in Malaysia is an urgent priority to safeguard the reproductive rights of all people of reproductive age, by enabling abortion seekers to access safe, evidence-based care without heightened exposure to unregulated and potentially unsafe online pill vendors. Establishing a recognized pathway for medical abortion can expand timely access as well as affirm self-managed abortion as a legitimate aspect of healthcare, rather than a stigmatized and clandestine practice. Alongside this, stronger regulation of surgical abortion services

in the private sector is essential to address the current variability in costs and practices, to ensure transparency, affordability, and accountability in clinical pricing and service delivery. By acknowledging and affirming the reality of abortion-seeking in Malaysia, transparent pricing and accountable service delivery can better protect abortion seekers from financial exploitation and ensure that stigma does not interfere with equitable access to abortion as essential healthcare.

Limitations

While this research aims to provide a comprehensive snapshot of the role of the RRAAM hotline from January 2021 up to December 2023, there are still opportunities for further expansion and elaboration in the research and analysis, considering the length and breadth of data that was collected over a three year period. Future research can be carried out to explore hotline user characteristics that are not currently covered, such as users' ethnicity or religion, and how they might influence a user's abortion-seeking journey in the country. More research is also needed to explore the role of the hotline in providing support and information for marginalized populations and gender diverse populations, particularly through a reproductive justice framework. Finally, user interviews were selected by the hotline coordinator and all data came through direct interactions with paracounselors on the hotline, potentially involving a level of personal bias or preference in seeking to cover the selected themes for analysis.

Conclusion

This mixed-methods analysis of RRAAM hotline data from 2021 to 2023 underscores the critical role of community-based, rights-affirming services in bridging the gap between Malaysia's current legal framework and the lived realities of those seeking abortion services and care. Despite abortion being legally permitted under specific conditions, structural barriers, including misinformation, provider resistance, legal ambiguity, financial hardship, and geographical inequities, continue to obstruct timely and equitable access. Throughout this period, the hotline not only served as a vital source of information and emotional support to users, but also reflected broader patterns of systemic neglect and social stigma. These findings reinforce the urgent need for policy reform, provider sensitization, comprehensive sexuality education, and strengthened support for community networks to ensure that sexual and reproductive health and rights in Malaysia are accessible in practice, not just in principle.

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Amanda (she/her) currently works for inroads (the International Network for the Reduction of Abortion Discrimination and Stigma) and the Global Resilience Fund, connecting feminists across the globe through accompaniment, resourcing resilience, and capacity building. She volunteers with the RRAAM hotline as a paracounselor and previously worked as a RRAAM coordinator. Amanda received her MSc in Reproductive and Sexual Health Research from the London School of Hygiene and Tropical Medicine (LSHTM) in 2021.

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Fatimah (she/her) is a feminist pharmacist and researcher passionate about women's rights as well as sexual and reproductive health and rights. She is currently working as an internal medicine clinical pharmacist at Hospital Sultan Ismail, a tertiary public hospital in Johor Bahru, Johor. Fatimah obtained her Bachelor of Pharmacy degree from the University of Otago in 2014 and will be pursuing her MSc (Clinical Pharmacy) at Universiti Sains Malaysia, with a special focus on perinatal psychiatry and women's mental health. She has been volunteering with RRAAM in various capacities since 2022.

Appendix

- **Figure 1:**

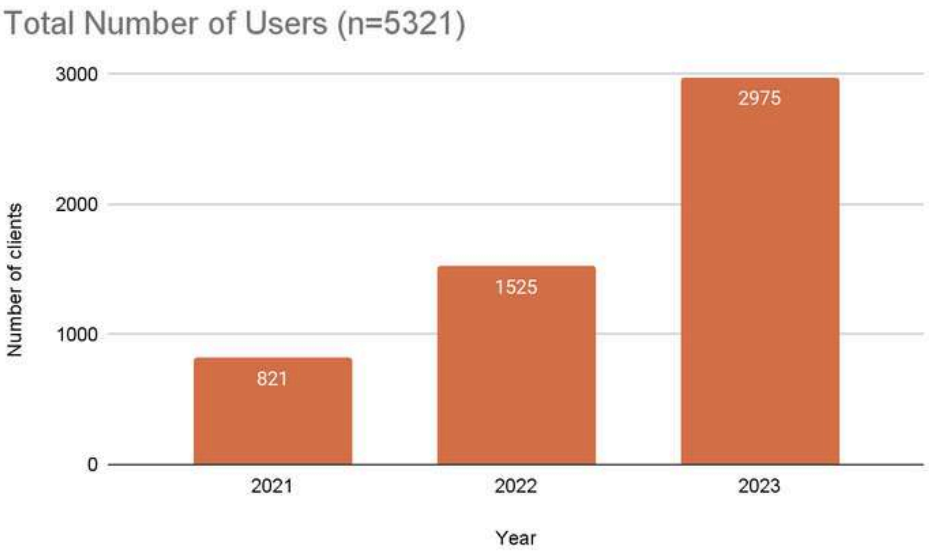

Figure 1: Yearly total number of users contacting the RRAAM hotline (n=5321), Jan 2021 - Dec 2023 (including users lost to follow up). There was an 85.8% increase in the number of users between 2021 and 2022, and a further 95% increase between 2022 and 2023.

- **Figure 2**

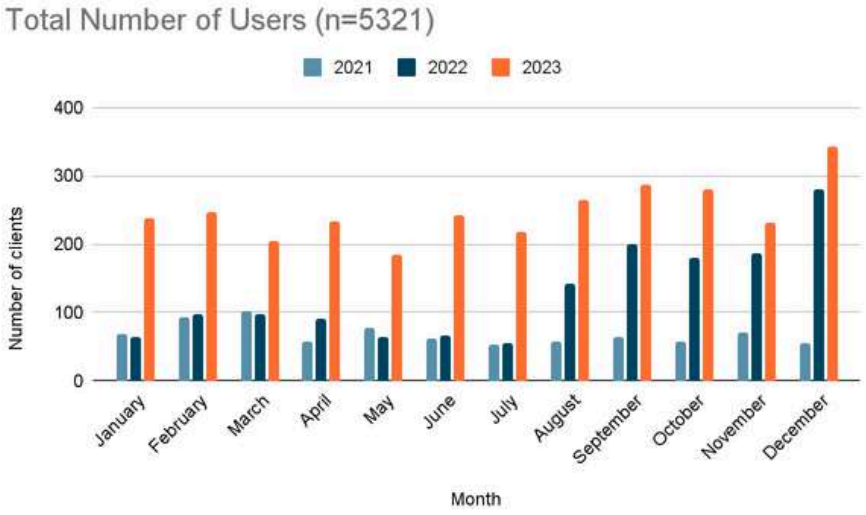

Figure 2: Monthly distribution of total number of users contacting the RRAAM hotline (n=5321), Jan 2021 - Dec 2023 (including users lost to follow up). The spike in the number of users starting from August 2022 onwards may be attributed to the hiring of a dedicated RRAAM Coordinator in July 2022, as well as increased paracounselor team capacity.

- **Figure 3**

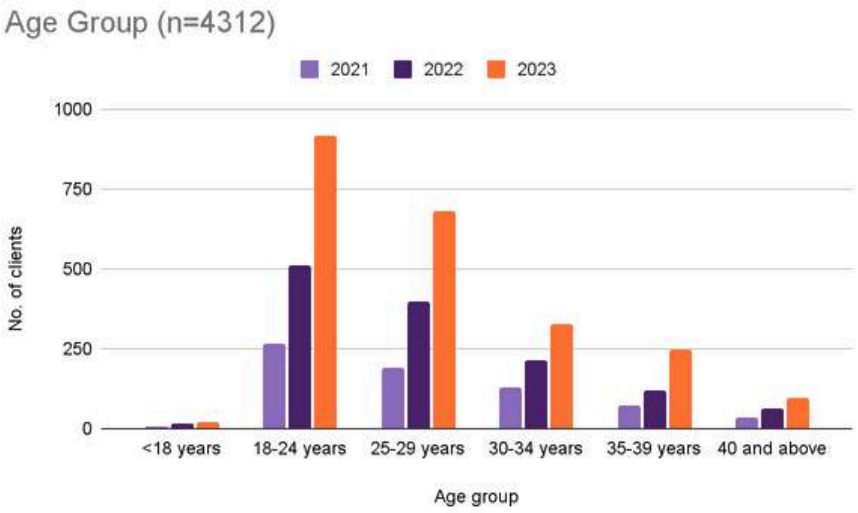

Figure 3: Distribution of age group of hotline users (n=4312), excluding missing data. 68.7% of users belong in the 18-29 years old age group.

- **Figure 4**

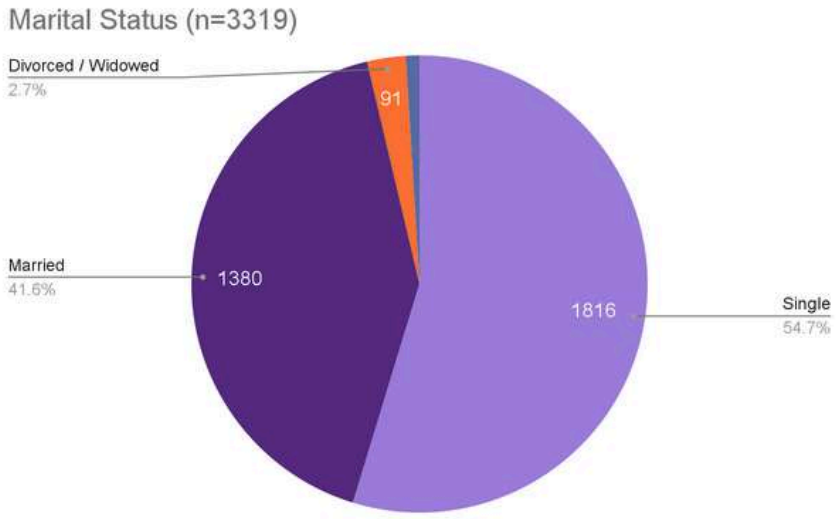

Figure 4: Distribution of hotline users by marital status (n=3319), excluding missing data. Total users who are not married i.e. single, in a relationship, engaged, divorced, and widowed made up the majority (58.4%).

- **Figure 5**

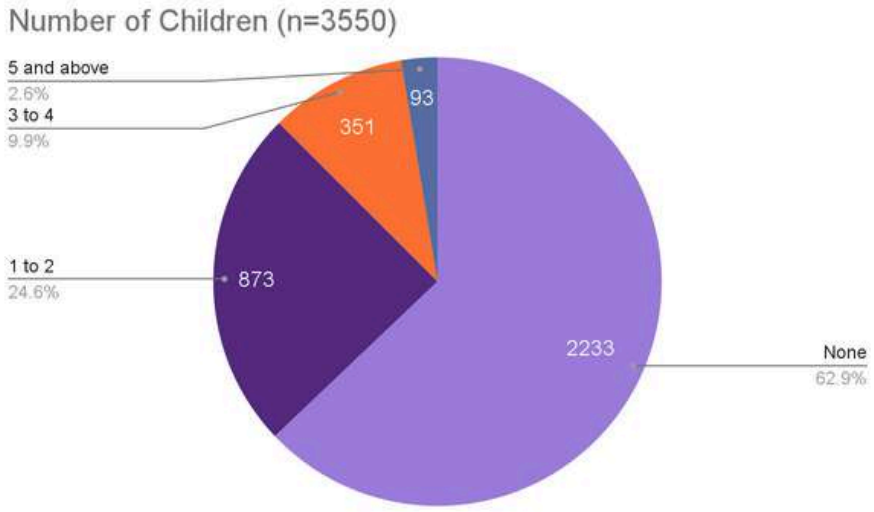

Figure 5: Distribution of hotline users by number of children (n=3550), excluding missing data. Almost 2 out of 5 users have already had one child (37.1%, n=1317).

- **Figure 6**

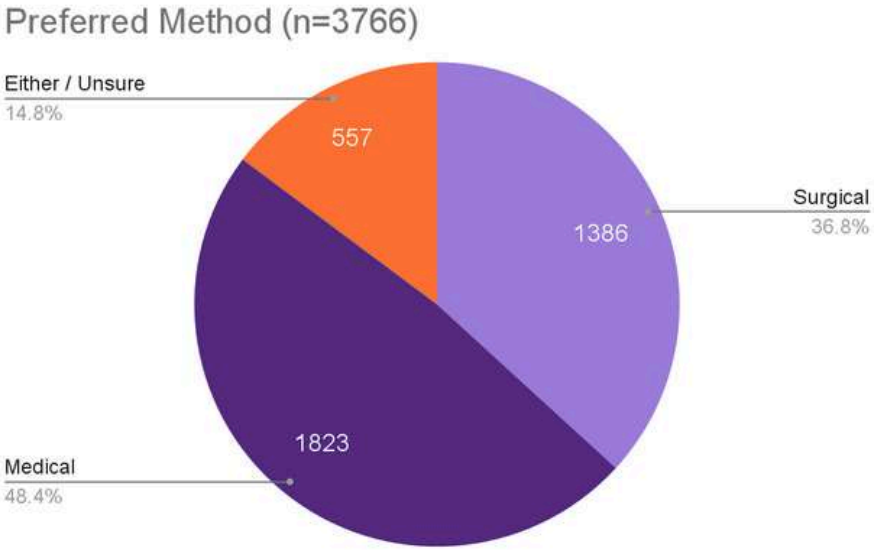

Figure 6: Distribution of hotline users by preferred method of abortion (n=3766), excluding missing data. The majority of users expressed a preference towards medical abortion.

- **Figure 7**

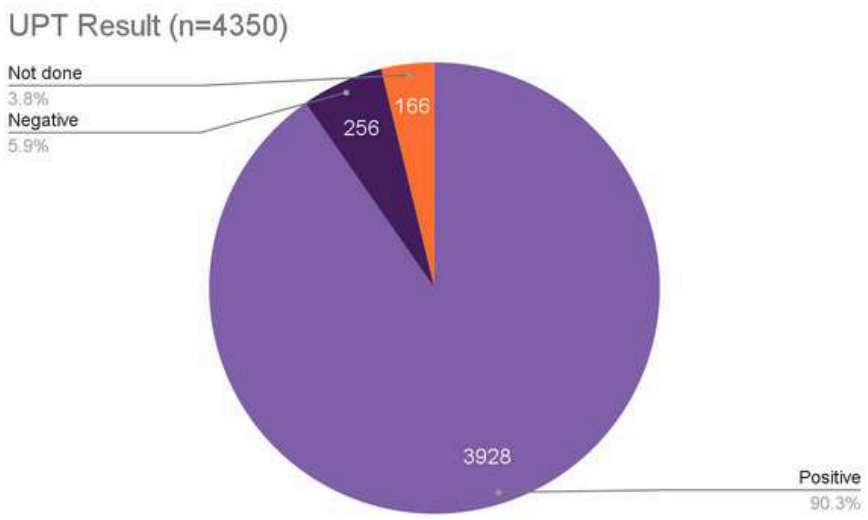

Figure 7: Distribution of hotline users by urine pregnancy test (UPT) results (n=4350), excluding missing data. 9 out of 10 users tested positive on their UPT.

- **Figure 8**

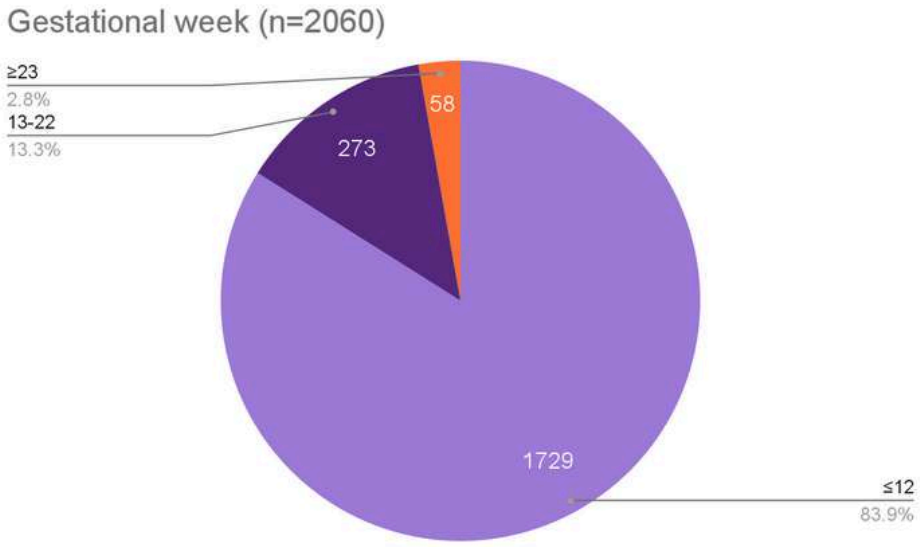

Figure 8: Distribution of hotline users by gestational week (n=2060), excluding missing data. More than half of the users did not disclose their gestational week; those who did were mostly in their 12th week of gestation or less. 2.8% of users were already in their 23rd week of gestation or more, which is beyond the legal limit of abortion in Malaysia.

- **Figure 9**

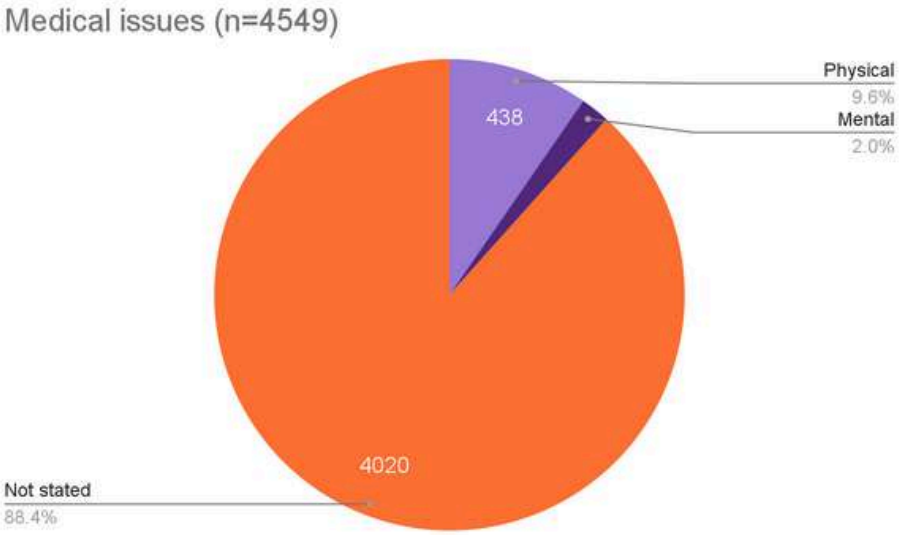

Figure 9: Distribution of hotline users by medical issues (n=4549), including missing data. The majority of users did not disclose their medical issues. Users who disclosed mostly experienced physical health issues. A small percentage of users (2%) experienced mental health issues such as depression, borderline personality disorder, and anxiety disorders.

- **Figure 10**

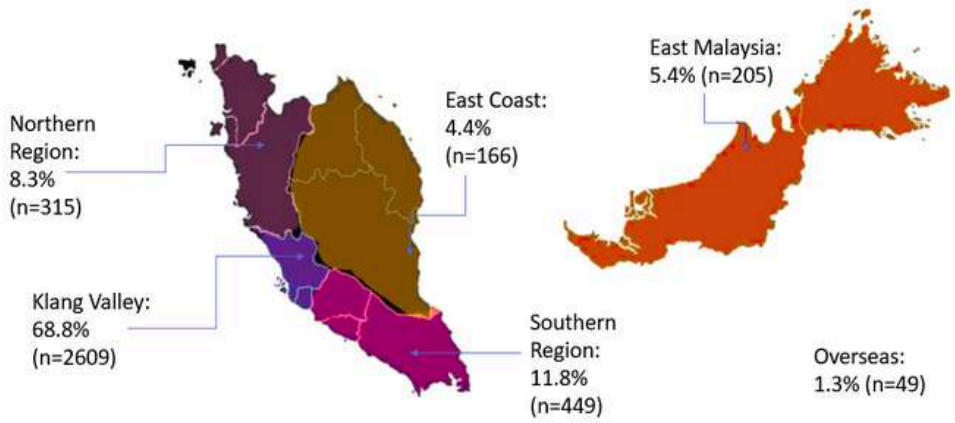

Figure 10: Distribution of hotline users by gestational week (n=2060), excluding missing data. More than half of the users did not disclose their gestational week; those who did were mostly in their 12th week of gestation or less. 2.8% of users were already in their 23rd week of gestation or more, which is beyond the legal limit of abortion in Malaysia.

- **Figure 11**

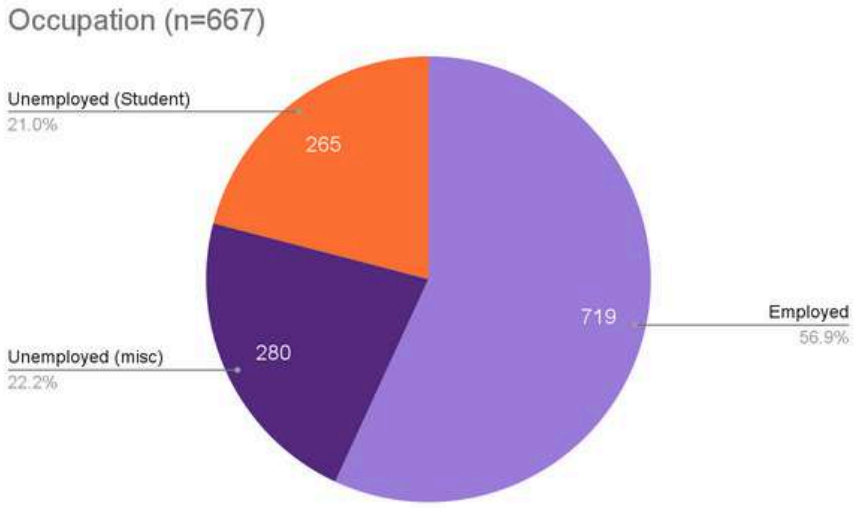

Figure 11: Distribution of hotline users by occupation (n=667), excluding missing data. The majority of users did not disclose their occupation; those who did were mostly employed. Almost half of the users who were unemployed were students.

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