

MUSLIM WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH RIGHTS: EVIDENCE FROM THE UNITED STATES, IRAN AND MALAYSIA (HAK-HAK KESIHATAN SEKSUAL DAN REPRODUKTIF WANITA MUSLIM: BUKTI DARI AMERIKA SYARIKAT, IRAN DAN MALAYSIA)

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Abstract: Sexual and reproductive health rights (SRHR) are basic rights of everyone. However, not every woman around the world is able to enjoy these rights. This study explores Muslim women's SRHR experiences in the United States, Iran, and Malaysia. The views of 969 Muslim women were surveyed. Respondents were approached in the United States, Iran, and Malaysia between October and December 2013. Specifically for the case of the United States, the Muslim women surveyed are considered as those residing in the US (MWRIU). Data were analyzed by using descriptive statistics and multiple logistic regression. Of the MWRIU, Iranian, and Malaysian respondents, 97.9%, 10.4%, and 7.2% were found to have experienced SRHR violation, respectively. The logistic regressions showed significant differences among the three countries in terms of experiencing SRHR violation ($P < 0.001$). The multiple logistic analysis revealed that violation against respondents' SRHR was associated with education level [pre-tertiary (aOR=2.2, $P=0.006$) > tertiary] and marital status [married (3.3, $P=0.009$) > divorced/widow]. While the violation of Muslim women's SRHR is widespread in the United States, it is minimal in Iran and Malaysia. Efforts to eliminate this violation are urgent, specifically in the United States; and they should target married women with low education level.

Keywords: Sexual and reproductive health rights, Muslim women, United States, Iran, Malaysia.

Abstrak: Hak-hak kesihatan seksual dan reproduktif (SRHR) adalah hak asas untuk dinikmati oleh semua orang. Walau bagaimanapun, tidak semua wanita di dunia berpeluang untuk menikmati hak-hak ini. Kajian ini meninjau pengalaman SRHR dalam kalangan wanita di Amerika Syarikat, Iran dan Malaysia. Pandangan seramai 969 orang telah dikaji dan dijalankan di Amerika Syarikat, Iran dan Malaysia antara Oktober hingga Disember 2013. Di Amerika Syarikat, responden yang dipilih ialah dalam kalangan yang menetap di Amerika Syarikat (MWRIU). Analisis data dilaksanakan menggunakan statistik deskriptif dan regresi logistik berganda. Dalam kalangan responden MWRIU, Iran dan Malaysia, 97.9%, 10.4% dan 7.2% telah dinafikan hak SRHR. Regresi logistik menunjukkan perbezaan signifikan dalam kalangan negara yang terbabit dalam pengabaian SRHR ($P < 0.001$). Analisis logistik berganda menunjukkan penafian hak SRHR adalah berkait rapat dengan tahap pendidikan [pre-tertiary (aOR=2.2, $P=0.006$) > tertiary] dan status perkahwinan [married (3.3, $P=0.009$) > divorced/widow]. Tatkala penafian hak SRHR wanita Muslim semakin berkembang di Amerika Syarikat, di Iran dan Malaysia pula menunjukkan penurunan. Usaha yang jitu diperlukan dalam menangani pengabaian hak ini terhadap wanita yang telah berkahwin dan memiliki taraf pendidikan yang rendah khususnya di Amerika Syarikat.

Kata kunci: Hak-hak kesihatan seksual dan reproduktif, wanita, Amerika Syarikat, Iran, Malaysia.

Introduction

Sexual and reproductive health rights (hereinafter referred to as SRHR) are basic rights of everyone. These rights stem from the broader human rights declared in the United Nations Declaration of Human Rights (1948)¹ and the various global covenants on human rights (Lottes, 2013; Serour, 2012). According to this Declaration, all people have the right to decide for themselves and to have their dignity respected irrespective of gender, religion or race. In line with the spirit of this Declaration, women thus have the right to decide on their sexual and reproductive matters. However, women seem to be denied their SRHR in many parts of the world (De Jong *et al.*, 2005; Janghorban *et al.*, 2015, Heise *et al.*, 1994). Violation of SRHR not only brings harm to the physical or psychological conditions of the women, but also consumes real economic costs in the form of health care expenditure and lost of productive time.

The International Conference on Population and Development held in Cairo in 1994 stressed the need to protect people's SRHR as a vital element to enhance their well-being (Lottes, 2013; Worku & Mengesha, 2013; Low & Wong, 2014). More than 170 countries at this conference agreed that by 2015, all people should have access to universal sexual and reproductive healthcare. However, the achievements of this program have been marginal (Worku & Mengesha, 2013).

Some studies argue that women in Muslim countries are denied their SRHR and are subjected to widespread sexual and reproductive violence. De Jong *et al.* (2005) argued that Muslim women in Arab countries and Iran are forced to get married and become pregnant soon. In addition, women in these countries lack access to safe contraception methods and abortion). Nevertheless, these studies lack quantitative evidence, as they are not based on qualitative subjective analysis.

This study investigates the practice of Muslim women's SRHR. Specifically, it examines four issues, namely marriage, pregnancy, abortion and access to healthcare in three countries: the United States, Iran, and Malaysia. The selection of these three countries allows us to take samples from different parts of the world (the West, Middle East and Far East). These three countries also represent three different demographic settings of Muslim communities. While most Iranians are Muslims (99%), only about 61.3% and 0.6% of the populations of Malaysia and the United States are Muslim, respectively. Moreover, Muslims in these three countries enjoy different levels of civil liberties, with the United States being considered as fully liberal, Malaysia as semi-liberal while Iran as non-liberal.

Research Methods

Muslim women were approached and asked to complete self-administered questionnaires in assessing their experiences of SRHR. A sampling technique was used to distribute the questionnaires in the United States (New York), Iran (Tehran) and Malaysia (Kuala Lumpur). The survey started in early October, and by the end of December 2013, 969 responses were successfully collected from non-single (married, widow, divorced) Muslim women. Surveys in the three countries were conducted by trained enumerators, selected among postgraduate students from the University of Malaya. They are either a citizen of or residing in each respective countries.

Iranian respondents were mostly Persians while Malaysian participants were mostly Malays. They are all citizens. Respondents from the United States the following: Middle Eastern and North African (43%), South Asian (52%), African American (3.7%) and Caucasian (1.3%).

Seven question items were used to assess respondents' experiences of four critical sexual

¹ According to Centre for Public Policy Studies, Malaysia has ratified two of eight major human resource conventions, namely on protecting the rights of women and children.

and reproductive issues: marriage, pregnancy, abortion and access to healthcare. The items were as follows:

1. I was forced into marriage.
2. I was denied access to care by my husband/family members before/after my child was born.
3. I was denied access to care before/after my child has born due to poverty.
4. I was denied access to care before/after my child has born due to location/distance.
5. I was denied access to care before/after my child has born due to religious beliefs.
6. I was forced into abortion.
7. I was forced by my husband or family members.

Respondents who confirmed being subjected to one or more types of SRHR violation were tagged as 'ever experienced SRHR violation.'

Next, logistic regression was used to examine the factors associated with experiencing SRHR violation at least once. The dependent variable was given the value '1' if the respondent had ever experienced SRHR violation and '0' if otherwise. Respondents' affiliated countries and socio-demographic characteristics were also examined as independent variables. Crude odds ratios were obtained by using bivariate logistic regressions. Then, those factors that showed a significant association with the dependent variable were regressed together in a multiple logistic regression to obtain the adjusted odds ratios. A 5% significance level was used. Statistical analysis was performed by using SPSS 20.0 (SPSS Inc., Chicago, IL).

There is caveat on the limitations of this research. The sexual and reproductive rights of the Muslim women in the three surveyed countries are bound to vary in tandem with the national and local laws on SHRH matters. For example, the act of abortion carries different legal status among the countries. In Iran, abortion is illegal except to save the life of the woman and in the US, abortion is legal, with some federal and state restrictions. Thus, a

Muslim woman has lesser or no possibility of experiencing the so-called "forced abortion" as abortion is not a legal option. Apart from that, in contrast to the respondents in Iran and Malaysia where all of them are citizens, the respondents in the US are those currently residing in the country; regardless of their citizenships or places of origin. The origin of the respondents' can be traced to Middle East and North Africa, South Asia, Africa and Caucasus. The respondents' places of origin and the culture of places may influence the respondents. Caveat is pre-informed on this matter as to state that any violations of the SRHR of the surveyed MWRIU may not be entirely linked to the environment and practices in the United States.

This research was approved by the Medical Ethics Committee, University of Malaya Medical Centre (UM.TNC2/RC/H&E/UMREC - 77). It is also hereby declared that there is no conflict of interest involved in this research.

Results and Discussion

In total, 969 Muslim women participated in the survey: 333 from the United States, 357 from Iran and 279 from Malaysia. However, six Iranians and one MWRIU did not respond to certain questions pertaining to their SRHR.

As presented in Table 1, majority of respondents were married (86.4%), 40 years old or below (60.7%) and had a pre-tertiary education (62.2%). Due to different economic backgrounds of the three countries, we stratified respondents' income into two groups: lower income (67.7%) and upper income (32.3%).

As shown in Table 2, violation against Muslim women's SRHR was severe among respondents from the United States. More than half of the respondents (54.1%) confirmed that they were forced into marriage and 71.8% were forced.

About 29% of MWRIU respondents were denied access to care by their husband or family members. Moreover, about 37% of respondents in the United States stated that they were denied access to care due to poverty or religious beliefs.

Table 1: Respondents' background

Variable	United States		Iran		Malaysia		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Education								
Pre-tertiary	229	(68.8)	118	(33.1)	256	(91.8)	603	(62.2)
Tertiary	104	(31.2)	239	(66.9)	23	(8.2)	366	(37.8)
Household income								
Lower income	134	(40.2)	291	(81.5)	231	(82.8)	656	(67.7)
Upper income	199	(59.8)	66	(18.5)	48	(17.2)	313	(32.3)
Marital status								
Married	224	(67.3)	341	(95.5)	272	(97.5)	837	(86.4)
Divorced/widow	109	(32.7)	16	(4.5)	7	(2.5)	132	(13.6)
Occupation								
Government employee	12	(3.6)	144	(40.3)	133	(47.7)	289	(29.8)
Private sector/self-employed	79	(23.7)	76	(21.3)	88	(31.5)	243	(25.1)
Housewife	196	(58.9)	102	(28.6)	43	(15.4)	341	(35.2)
Other	46	(13.8)	35	(9.8)	15	(5.4)	96	(9.9)
Age								
≤40 years	98	(29.4)	275	(77.0)	215	(77.1)	588	(60.7)
>40 years	235	(70.6)	82	(23.0)	64	(22.9)	381	(39.3)
Total	333	(100)	357	(100)	279	(100)	969	(100)

On the other hand, violation against women's SRHR was minimal among respondents from Iran and Malaysia. Only 5.9% of Iranians and 2.2% of Malaysians stated that they were forced into marriage. Similarly, only 5.6% (Iran) and 1.4% (Malaysia) confirmed that they were forced to become pregnant. Fewer than 4% of respondents from Iran and Malaysia were denied access to healthcare (Table 2).

In total, 97.9%, 10.4% and 7.2% of respondents from the United States, Iran and Malaysia, respectively, reported that they had experienced one or more types of SRHR violation (Table 3). The multiple logistic regression results revealed strong significant differences across the three countries in terms of Muslim women's SRHR violation ($P < 0.001$).

The multiple logistic regression results (Table 3) revealed that violation of Muslim women's SRHR was significantly associated with the respondent's level of education and

marital status. Respondents with a pre-tertiary education were 2.3 times more likely to experience SRHR violation than respondents with a tertiary education [aOR=2.31, $P=0.006$]. In addition, married respondents were 3.3 times more likely to experience SRHR violation than divorced/widow respondents [aOR= 3.3, $P=0.009$].

According to the World Health Organization, "sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (Lottes, 2013:pp1).

The teachings of Islam give women the right to decide on their sexual and reproductive health issues (Hessini, 2007; Serour, 2008). For instance, Muslim women have the right

Table 2: Participants’ responses to SRHR violation items

Item	United States		Iran		Malaysia		Total	
	yes	no	yes	no	yes	no	yes	no
I was forced into marriage	177 (54.1%)	150 (45.9%)	21 (5.9%)	335 (94.1%)	6 (2.2%)	273 (97.8%)	204 (21.2%)	758 (78.8%)
I was denied access to care by my husband/ family members before/after my child was born	94 (29.2%)	228 (70.8%)	4 (1.1%)	353 (98.9%)	3 (1.1%)	276 (98.9%)	101 (10.5%)	857 (89.5%)
I was denied access to care before/after my child has born due to poverty	120 (37.2%)	203 (62.8%)	2 (0.6%)	355 (99.4%)	4 (1.4%)	275 (98.6%)	126 (13.1%)	833 (86.9%)
I was denied access to care before/after my child has born due to location/distance	96 (29.4%)	231 (70.6%)	2 (0.6%)	355 (99.4%)	9 (3.2%)	270 (96.8%)	107 (11.1%)	856 (88.9%)
I was denied access to care before/after my child has born due to religious beliefs	124 (37.9%)	203 (62.1%)	1 (0.3%)	356 (99.7%)	9 (3.2%)	270 (96.8%)	134 (13.9%)	829 (86.1%)
I was forced into abortion	156 (47.7%)	171 (52.3%)	6 (1.7%)	351 (98.3%)	1 (0.4%)	278 (99.6%)	163 (16.9%)	800 (83.1%)
I was forced by my husband or family members	234 (71.8%)	92 (28.2%)	20 (5.6%)	337 (94.4%)	4 (1.4%)	275 (98.6%)	258 (26.8%)	704 (73.2%)

Table 3: Violation against Muslim women's SRHR in the United States, Iran and Malaysia, multiple logistic regression

Country	N	(%)	cOR^a [CI:95%]	P-value	aOR^b [CI:95%]	P-value
United States	320	84.9%	1			
Iran	37	9.8%	0.003 [0.001-0.005]	0.000	0.003 [0.002-0.008]	0.000
Malaysia	20	5.3%	0.001 [0.0007-0.004]	0.000	0.002 [0.001-0.004]	0.000
Education						
Pre-tertiary	261	69.2%	1.6 [1.2-2.1]	0.000	2.31 [1.26-4.23]	0.006
Tertiary	116	30.8%	1			
Household income						
Lower income	161	42.7%	–	NS ^c	–	NA ^d
Higher income	216	57.3%				
Marital status						
Married	267	70.8%	12.9 [7.7-21.8]	0.000	3.3 [1.35-8.48]	0.009
Divorced/widow	110	29.2%	1			
Occupation						
Government employee	30	8.0%	1			
Private sector/self-employed	87	23.1%	4.9 [3.0-7.78]	0.000	–	NS
Housewife	208	55.2%	13.8 [8.9-21.3]	0.000	–	NS
Other	52	13.8%	10.4 [6.0-18.1]	0.000	–	NS
Age						
≤40 years	133	35.3%	1			
>40 years	244	64.7%	6.23 [4.6-8.30]	0.000	–	NS

^a cOR, Crude odds ratio; ^b aOR, Adjusted odds ratio; ^c NS, not significant; ^d NA, not applicable.

to choose a husband and to decide together with their husband about pregnancy and reproduction. However, some studies argue that cultures, norms and traditions have influenced Islamic communities, leading women in some Islamic countries to be subjected to sexual and reproductive violence (Ilkharacan, 1998; De Jong *et al.*, 2005). In light of our results, this argument does not seem to be generalizable to all Muslim communities in different parts of the world.

Our results show that a remarkable proportion of Muslim women are subjected to SRHR violence. However, level of violence differs between the three studied countries. Violence against Muslim women in the United States was severe while it was minimal among Iranians and Malaysians. To our knowledge, no studies have examined Muslim women's SRHR in the United States and Malaysia although qualitative studies claim that Iranian women are subjected to widespread SRHR violation (De Jong *et al.* 2005; Janghorban *et al.*, 2015). Our results thus refute this subjective conclusion drawn on the SRHR of Iranian Muslim women. On the other hand, the results of this study offer new evidence that the SRHR of Muslim women in Malaysia are relatively good.

Another new and surprising piece of evidence shown by this research is the severe violation of the SRHR of Muslim women in the United States. The majority of MWRIU respondents were from Middle Eastern/North African (43%) and South Asian (52%) origin. It is clear that being in a fully liberal country has not improve the practice of SRHR among Muslims residing in the United States.

Lastly, violence against Muslim women's SRHR was strongly associated with a lower level of education. This result accords with other studies (Elssberg & Heise, 2005; Peterman, Palermo & Bredenkamp, 2011). This finding implies that programs aiming to reduce SRHR violence against Muslim women should target those with a lower education level.

Conclusion

Violations against Muslim women's SRHR exist. It varies among countries. They are widespread in the United States, but minimal in Iran and Malaysia. This type of violation is more likely to happen to Muslim women with a low education level. Programs for improving the practice of women's SRHR violation are necessary, specifically in the United States and among married women with a lower education. The alarming 97.9% of MWRIU's experience in SRHR violations can be possibly explained by the fact that cultures, norms and traditions still dominate despite them residing in a fully liberal country. Future researches need to be conducted to better examine the possibilities behind the finding.

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