COMTEMPORARY MATTERS AFFECTING MUSLIMS TODAY

BARAZA!

SIS Forum (Malaysia) Bulletin

NO. 12 / JANUARY 2026

The Right to Choose:

Bodily Autonomy and Health Justice in Malaysia

Empowering Voices For Change | SIS FORUM (MALAYSIA) (266561W) | MUSLIM WOMEN SPEAK

ACKNOWLEDGEMENTS

SIS Forum (Malaysia) would like to thank Nurfarahin Abdul Wahid, Dr. Nadirah Babji and Farah Amalina for contributing their articles; and SIS staff for their assistance.

BARAZA! is a resource primarily for activists, policy makers, academics, law, Islamic and gender studies students, and SIS funders and supporters.

It provides:

- a focus on contemporary matters affecting Muslims today, especially women's rights in Islam.
- resources for reference.

Published by:
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ISSN 1823-5263

BARAZA!

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Editor's Introduction

Malaysia often prides itself on affordability, morality, and social order. Yet when it comes to women's bodies, these claims unravel quickly. Across our healthcare system, social policies, and public attitudes, bodily autonomy is treated as conditional, something to be earned through conformity, marriage, or moral approval.

Contributions in this issue of Baraza have laid bare how this plays out in women's lives.

Period poverty, for instance, is often discussed as a matter of distributing sanitary pads. But for women navigating poverty, displacement, floods, and overcrowded housing, the issue runs far deeper. It is about the absence of privacy, clean water, safe disposal, and the freedom to manage menstruation without shame. When women starve themselves to delay their periods, or are forced to manage menstruation in unsafe conditions during disasters, this is not an individual failure. It is a systemic one.

Healthcare tells a similar story. Malaysia's public health system is widely praised for its low cost, yet affordability alone does not guarantee access or dignity. Women continue to report being shouted at during labour, denied pain relief, subjected to procedures without consent, or morally judged for their bodies and life choices. Stateless and marginalised women face even greater risks, including the loss of decision-making power over their own children. These are not rare abuses. They are symptoms of a system where authority is prioritised over consent.

Nowhere is this contradiction more visible than in reproductive healthcare. A single woman may be denied contraception without a marriage certificate. A married woman may be asked whether her husband has approved her decision. Poor women are scolded for having "too many" children, while wealthier families are encouraged to reproduce. What is presented as public health or moral concern is often classism and patriarchy, thinly disguised.

At the heart of all this is a refusal to trust women.
In Islam, the body is an amanah — a trust. Human dignity (karamah) is inherent, not conditional. Justice ('adl) cannot be selective, and compassion (rahmah) cannot depend on whether a woman conforms to social expectations. When women are denied information, privacy, consent, or respect, these ethical principles are violated. Policing women's bodies does not uphold morality; it erodes it.

If we are serious about dignity and justice, then menstruation cannot be treated as a private inconvenience, but as a public responsibility. Menstrual products and facilities must be integrated into schools, public clinics, shelters, prisons, and disaster relief centres — not left to charity and ad-hoc donations.

If we are serious about healthcare, then informed consent must be non-negotiable. No procedure, especially in maternal and reproductive care, should ever be performed without full explanation and voluntary agreement. Women must have access to safe, independent avenues to report harm and seek redress without fear or humiliation.

If we are serious about reproductive rights, then moral and marital gatekeeping must end. Access to contraception and reproductive healthcare must be based on individual choice, not marital status, spousal permission, or moral judgement.

And if we are serious about universality, then healthcare must be inclusive — accessible to disabled persons, stateless communities, migrants, and those pushed to the margins by poverty, stigma, or geography. Public health cannot be designed only for those who already fit comfortably within the system.

Bodily autonomy is not a threat to family, faith, or social order. It is their foundation. A society that trusts women to know their own bodies is a society that upholds dignity, justice, and care in their fullest sense.

Until Malaysia recognises this, women's bodies will continue to be treated not as trusts, but as territories to be controlled.

Ameena Siddiqi

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Ameena Siddiqi *has over 15 years of experience in publishing and media, with expertise in communications and editorial management. She has edited more than 70 books and held leadership roles in marketing, content creation, and public relations.*

More Than Products:
Why Period Poverty Is a Justice Issue in Malaysia

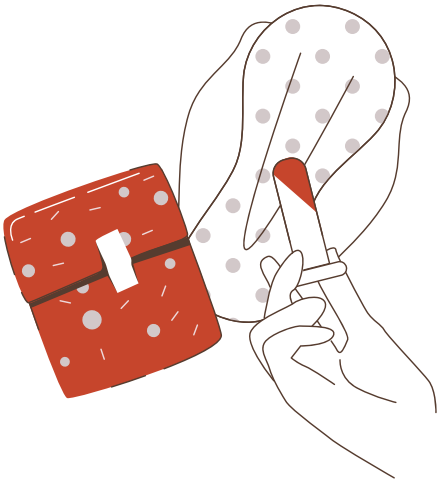
by Nurfarahin Abdul Wahid

***Nurfarahin Abd Wahid** is a writer-activist who works with the reading collective **Jurnal Sang Pemula**. At the same time, Farahin also collaborates with the NGO Peduli Merah in efforts to raise awareness about period poverty in Malaysia. Choosing writing as her medium of activism, her essays can be read on the websites **Jurnal Sang Pemula** and **Solidaritas**. Meanwhile, her short stories are accessible in Selangorkini, the newspaper **Berita Harian (BH Online)**, and **Tunas Cipta**. Farahin has also produced a short story collection titled **Komedi Orang Minyak**, which explores questions of gender and womanhood.*

Introduction

Poverty is a condition in which people cannot meet their basic needs. Poverty may affect their physical and emotional health. The situation is not the same for everyone and can change based on personal situations and new requirements.

Women need menstrual products every month for hygiene. When women cannot access these products, it is called period poverty. This ongoing social issue impacts many women, making it difficult for them to manage their menstruation safely and cleanly. Period poverty can lead to health problems and emotional struggles, highlighting the need for better support for those affected.



What is Period Poverty?

Period poverty is not just the inability to obtain menstrual products; it reflects a deeper societal issue involving inadequate access to essential resources and supportive infrastructure for managing menstruation. It includes the lack of menstrual hygiene products such as pads, tampons, and menstrual cups, but it also highlights the absence of clean and private facilities where individuals can manage their periods with dignity. Moreover, it points to the critical need for comprehensive menstrual education that empowers individuals to understand their bodies and the menstrual cycle. Ultimately, period poverty reveals the systemic challenges—such as economic inequality, stigma, and lack of education—that affect many individuals around the world, making it difficult for them to address their menstrual health needs effectively.

Inaccessibility to Menstrual Products

A key aspect of period poverty is the difficulty in obtaining essential menstrual items such as disposable or reusable pads, menstrual cups, and tampons. Additional necessities like painkillers or heating pads may also be out of reach for individuals facing financial constraints.

While alternatives like reusable pads or menstrual cups exist, these solutions require access to clean water, proper facilities, and a conducive environment. For someone who is homeless or lacks a steady income, these conditions are often unattainable, highlighting the complexities of addressing period poverty.

Inaccessibility to Adequate Facilities

Sustainable facilities play a crucial role in menstrual management. These include clean water, soap, sanitary bins, and garbage bags in private and public spaces. However, many public facilities, including places of worship, overlook women's specific needs.

For instance, the absence of hooks to hang belongings or sanitary bins in cramped, unhygienic spaces can severely impede menstrual management. Such overlooked needs often place women in situations of period poverty, emphasizing the need for better infrastructure and awareness.

Privacy in Managing Menstruation

Privacy is essential for maintaining hygiene and dignity during menstruation. However, overcrowded living conditions in low-cost housing units often lack personal bathrooms, making it difficult for individuals to manage their periods discreetly and safely. These challenges further contribute to period poverty.

Inaccessibility to Menstrual Education

Menstrual poverty also stems from inadequate education about menstrual hygiene, proper disposal of sanitary products, and awareness of health issues such as Polycystic Ovary Syndrome (PCOS) - a hormonal disorder in women, endometriosis, and cervical cancer. Reproductive and sexual education, including topics like family planning and hormonal changes, is integral to empowering individuals to understand and take control of their bodies.

Myths surrounding menstruation, such as the belief that disposable pads must be washed for mystical reasons, further demonstrate the need for comprehensive education on this subject. The persistence of myths and cultural stigma further underscores the need for better education and systemic change.

Menstrual Poverty in Malaysia

In Malaysia, period poverty gained attention in 2019, yet comprehensive data remains scarce. However, anecdotal evidence highlights the struggles faced by women. In an article by *Peduli Merah*, a collective effort to enlighten the public on the issue of menstrual poverty in Malaysia, a violinist named Endang Hyder shared her personal experience. There was a time when she intentionally starved herself to avoid getting her monthly period. The lack of proper nutrition could contribute to hormonal imbalance, hence the absence of a period.

For Endang, this wasn't just biology - it was strategy, a way to stretch a tight budget. No period means no need to buy sanitary pads. Every cent saved was to cover her father's medical bills.

Annual floods worsen these challenges by reducing privacy and limiting access to essential facilities, which makes affected women even more vulnerable. The flood relief centres are overcrowded, and hygiene conditions are poor. There is a significant shortage of sanitary pads, and access to bathrooms and clean water is very limited.

Conclusion

Period poverty goes beyond the lack of menstrual products; it reflects a denial of bodily autonomy and dignity. The inability to manage menstruation safely affects decision-making about one's body and has severe consequences for education, health, self-esteem, and well-being.

Missing school or work due to inadequate menstrual care can hinder academic performance and job prospects, while the emotional impact can lead to shame and isolation. Additionally, using unsanitary materials poses health risks that can worsen both physical and mental health.

Addressing period poverty is essential for ensuring individual well-being and establishing an equitable society. Everyone must be able to manage their health with dignity. We need to emphasize that managing menstruation properly is a basic right, not a privilege and be able to provide access to menstrual products, adequate facilities, privacy, and education.

Whose Health Matters?

by Dr Nadirah Babji

***Nadirah Babji** is a medical doctor and humanitarian advocate committed to issues of health and gender. She has extensive experience in the Asia Pacific region, working with organisations such as IPPF, UNHCR, and IFRC, with a focus on sexual and reproductive health, as well as community-based health in emergency and conflict situations. Nadirah adopts a feminist approach in public health and has researched obstetric violence in Malaysia, highlighting the real experiences of women within the Malaysian healthcare system. She advocates for a health system that is fair, inclusive, and culturally responsive, particularly for women, girls, and marginalised communities.*

A Feminist Reflection on Malaysia's Unequal Healthcare System

Healthcare is meant to be a space of healing. But for many in Malaysia, especially women, people with disabilities, migrants, refugees, and other marginalised groups, it can also be a space of harm, judgement, and disempowerment.

> As a doctor and a public health researcher, I have worked in humanitarian settings from refugee camps to disaster zones. But some of the most painful truths I have uncovered came during my research here in Malaysia. Through my postgraduate thesis on obstetric violence, I spoke to women who were shouted at during labour, denied pain relief, or forced into procedures without consent. These were not one-off cases. They revealed a systemic pattern of how gender, power, and medical authority intersect to strip people, especially women, of dignity in moments when they are most vulnerable.

Malaysia's public healthcare system is often recognised for its low-cost services and nationwide reach. But meaningful access goes beyond affordability. For many communities, structural and social barriers such as discrimination, lack of informed consent, or cultural insensitivity make the system difficult or even unsafe to navigate. Access is not just about walking through the door; it is about being treated with dignity once you are inside. In Islam, caring for one's body is a form of '*amanah*', a sacred trust. The Prophet Muhammad (peace be upon him) reminded us that our bodies have rights over us. This means not only the right to seek care, but to receive it in ways that honour our dignity, consent, and humanity. So, when we ask, "Is healthcare accessible?" we must also ask: Who is heard? Who is dismissed? And who gets to make decisions about their own body?

Between Affordability and Accessibility

Malaysia's healthcare is delivered through a dual system: a heavily subsidised public sector and a rapidly growing private sector. In public clinics, outpatient visits can cost as little as RM1 to 5, while specialist services are similarly low-cost. On paper, this seems equitable. But long waiting times, staff shortages, and limited specialist access, especially outside urban centres. This means that many patients, particularly women juggling unpaid care work, are forced to choose between affordable care and timely care.

The private sector, meanwhile, offers greater convenience and shorter wait times but with high price tags. A simple consultation can cost over RM100, with diagnostic and treatment costs running into the thousands. Private insurance helps some, but many, including people with pre-existing conditions, undocumented individuals, and low-income families, are excluded from coverage.

True accessibility is not just about affordability. It is about whether healthcare is reachable, welcoming, and safe for all regardless of gender, citizenship status, disability, or income level.

What Should Healthcare Include?

The World Health Organisation defines Universal Health Coverage (UHC) as ensuring that "all individuals and communities receive the health services they need without suffering financial hardship." But too often, "universal" is interpreted narrowly to focus on cost, but not on inclusivity or quality.

A truly universal and just healthcare system must guarantee:

- Comprehensive sexual and reproductive health services such as contraception, safe abortion (where legal), menstrual health, menopause care, and maternal mental health.

- Mental health and psychosocial support, particularly community-based and culturally responsive care.
- Disability-inclusive services, including assistive devices, accessible infrastructure, and communication aids such as sign language interpretation.
- Gender-affirming care, especially for trans and non-binary individuals who frequently face discrimination or denial of services.

If healthcare continues to mark certain bodies such as fat, disabled, trans, and undocumented as deviant or undeserving, then it is not delivering care. It is enacting structural violence upon those very bodies, reinforcing stigma under the guise of medical authority.

Do Women Have Autonomy in Healthcare?

My research into obstetric violence revealed that consent and autonomy are still far from standard practice in many Malaysian healthcare settings. Women described undergoing procedures without explanation, being pressured into interventions, and feeling humiliated during labour.

One unmarried, young woman recounted a troubling encounter in which a doctor told her, "If you get pregnant again, if I see you again, you'll be in trouble." She said it felt less like medical advice and more like a threat, leaving her intimidated and fearful, as though she was being punished rather than cared for.

Another particularly harrowing example involves babies born to stateless Bajau Laut mothers in Sabah who were taken from them—without consent—and placed for adoption. A Malaysiakini exposé, "Baby snatching: How stateless mums lose their infants in Sabah," documents multiple such cases at Lahad Datu Hospital, where infants in the NICU were taken away without parental approval

But this lack of autonomy is not limited to childbirth. Fat women seeking fertility care are often told to lose weight first. Disabled women are routinely excluded from conversations about their own reproductive decisions. Even basic healthcare can become a site of moral policing when women are not trusted to make informed choices about their bodies.

Autonomy means more than having a choice. It means having that choice respected without shame, coercion, or gatekeeping.

Building a Feminist, Inclusive Health System

Healthcare is shaped by power; who holds it, who benefits from it, and who is harmed by it. If marginalised communities are excluded from decision-making, dismissed in clinical encounters, or left out of policy design, we cannot claim to have a truly inclusive system.

An inclusive healthcare system must go beyond surface-level reforms. It must be grounded in justice (*'adl*), compassion (*rahmah*), and human dignity (*karamah*). These are not just lofty ideals. They are values embedded within our spiritual and ethical traditions.

To build that system, we must:

- Ensure sexual and reproductive health, mental health, disability support, and gender-affirming care are accessible, affordable, and stigma-free.
- Strengthen community-based care, invest in mobile clinics, and address structural gaps in healthcare delivery.
- Train providers in intersectionality, anti-fat bias, and cultural safety, and disability justice so that care is not just technical, but humane.
- No procedure, especially in maternal and reproductive health, should be done without full, informed, and voluntary consent.
- Public health in Malaysia must evolve beyond a clinician-dominated space. While doctors, pharmacists, and other health professionals play vital roles, it is equally important to open the field to non-clinical professionals such as behavioural scientists, sociologists, anthropologists, historians, and the community itself, whose insights are essential in addressing the root causes of health inequities. Public health should be shaped with, not just for, the people it claims to serve.

As a Muslim, I believe that care rooted in *rahmah* (compassion) and *'adl* (justice) is not just a professional obligation, but it is a spiritual one. The Qur'an reminds us that all human beings are created in dignity (karamah), and our healthcare system must reflect that sacred worth.

Healthcare is shaped by the power structures within society, and too often, it reproduces those hierarchies. But it does not have to. We can build something better. Something rooted in care, justice, and liberation.

Contraception, The Right Malaysia Still Gets Wrong

by Farah Amalina bt. Firdaus Muhammad Rom

Farah Amalina Binti Firdaus Muhammad Rom *is a dedicated activist and writer who currently serves as President of the Reproductive Rights Advocacy Alliance Malaysia (RRAAM). Her leadership reflects a strong commitment to ensuring effective governance and amplifying advocacy efforts that safeguard reproductive justice in Malaysia. Beyond her presidency, Fara has built an impressive portfolio of advocacy and leadership initiatives. She spearheaded the #CSE4ALL regional campaign with ARROW, creating online toolkits and fostering partnerships to promote Comprehensive Sexuality Education (CSE). She has facilitated workshops for teachers, represented Malaysia in the SheDecides 25x25 Generation Equality Cohort, and voiced youth perspectives at the 31st Asian Parliamentarians' Meeting on Population and Development (ICPD25). As the founder of For Youth Initiative Kuala Lumpur (FYIKL), she has engaged young people in conversations on Sexual and Reproductive Health and Rights (SRHR).*

"Staying at a PPR with five kids? Should've worn condoms."

You've probably heard the joke — maybe even made it yourself. I know I have (not my proudest moment). It's so common we don't even flinch anymore. Some even justify it, insisting that people from lower-income backgrounds should be on contraceptives, as if poverty automatically disqualifies someone from becoming a parent.

Not long ago, a friend told me about an encounter with a self-proclaimed "progressive" man who said, without irony:

"Rich people shouldn't use contraception. They should breed more"

The contradiction floored me. Because while the wealthy are encouraged to reproduce, an unmarried woman in a clinic can still be told to return with a marriage certificate before getting birth control. A married woman asking for an IUD might hear:

"Did you talk to your husband about this?"

Some patriarchy we live in, huh?

Reproductive health in this society isn't treated as a private right. It's treated as a *public prescription*, where everyone feels entitled to sign off before you can make a choice about your own body. A single woman is judged as reckless, a mother of three may finally be "allowed" contraception, and a wealthy couple is applauded for adding to the family. The logic is inconsistent, but the policing is constant.

And let's be honest: most of it comes down to class. Poor women are scolded for having "too many" kids, while wealthier families are encouraged to have more. What looks like concern is really classism dressed up as morality — a way of saying some lives are worth more than others. And yet, reality tells a different story. According to the Department of Statistics Malaysia (DOSM), live births dropped by 12.3% in the third quarter of 2024 compared to the same period the year before. The average age of marriage for Malaysian women has climbed from 23.5 years in 1980 to 28.1 years in 2020 — a shift that naturally reduces family size. Globally, infertility now affects about one in six couples. In other words, people are already having fewer children for reasons that have nothing to do with moral policing.

Even when women actively seek care, they face roadblocks. Clinics still demand marriage certificates from single women. Married women are sometimes treated like they need permission slips from their husbands. The message is loud and clear: women cannot be trusted to make decisions about their own bodies. That isn't healthcare. It's control.

And then there's the biggest taboo: pleasure. People don't just have sex to reproduce — they do it because it feels good, because it's intimate, because it's hu-

man. But acknowledging that? Almost unthinkable, especially for women. By erasing pleasure from the conversation, reproductive rights are framed only as prevention and punishment, never as empowerment.

Even in advocacy, I noticed how prescriptive the language can be. One of the first phrases I was introduced to as a reproductive health advocate was: *"Not too early, not too late, not too close."* It was meant to encourage safe pregnancy spacing, but it also revealed something deeper — even in progressive spaces, there's still pressure to define the "right" way to reproduce.

Here is the truth: there is no right way.

There's only the right to decide.

And that's what reproductive justice really means. It isn't about whether society approves of your decision. It's about whether society respects it. Respect when a single woman chooses the pill. Respect when a couple decides not to have children. Respect when a mother of five chooses to have a sixth.

The right to choose is meaningless without the right for everyone else to mind their own business. Until we get that straight, reproductive health will remain less about freedom and dignity — and more about control, prejudice, and stigma.

Conclusion

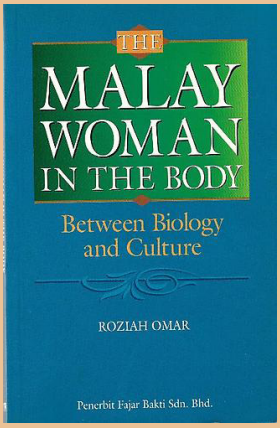
True justice is making sure everyone has equal access to care and the freedom to manage their own health. That is how Malaysia can move toward a future built on compassion, dignity, and fairness.

Period poverty and reproductive health are not just about having pads or access to clinics. They are about fairness, dignity, and the right to make choices about your own body. When people cannot manage menstruation safely, it affects their schooling, jobs, health, and confidence, while also keeping harmful stigma alive.

Reproductive justice means respecting everyone's decisions, whether to use birth control, have children, or not.

It is not about society approving those choices, but about society stepping back and respecting the decision. Without that respect, reproductive health becomes more about control and judgment than freedom to choose.

Recommended Readings



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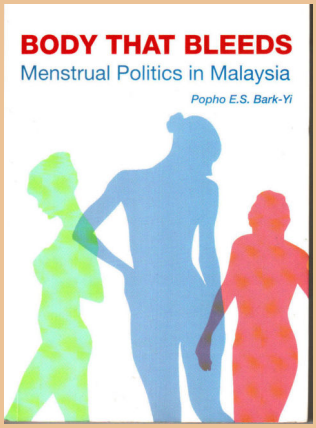

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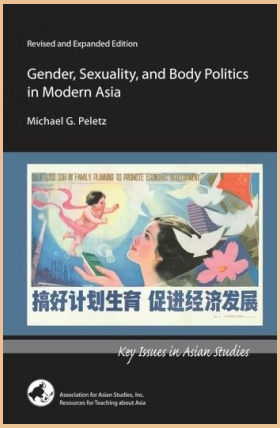

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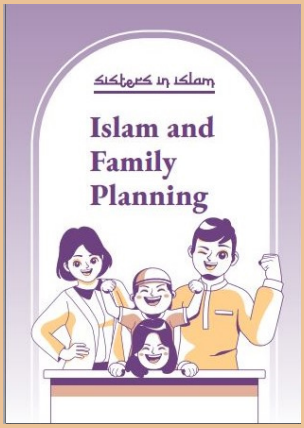

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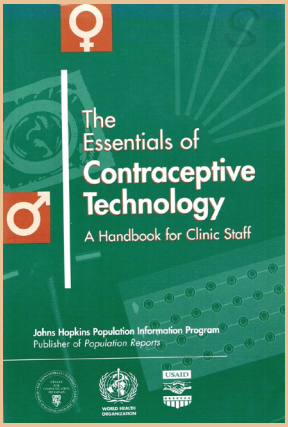

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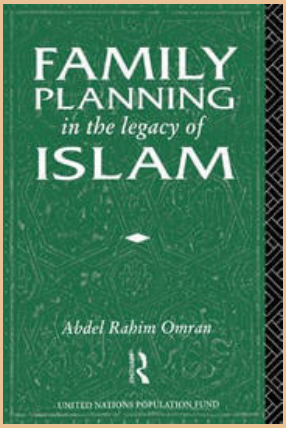

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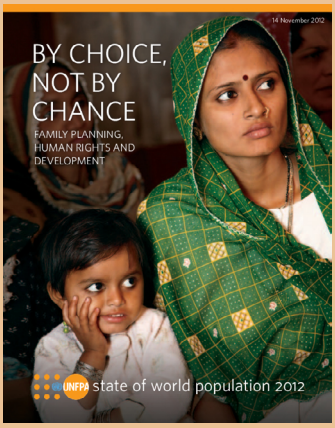

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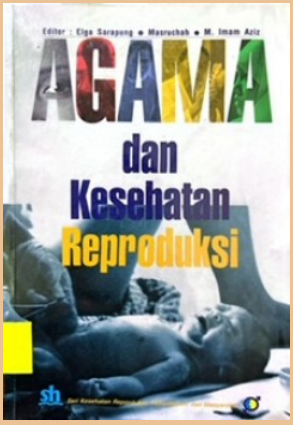

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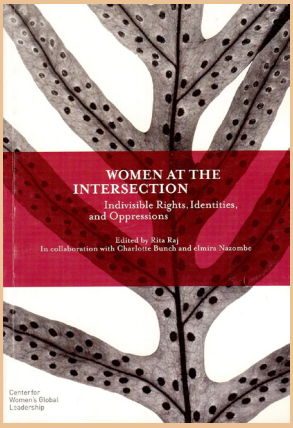

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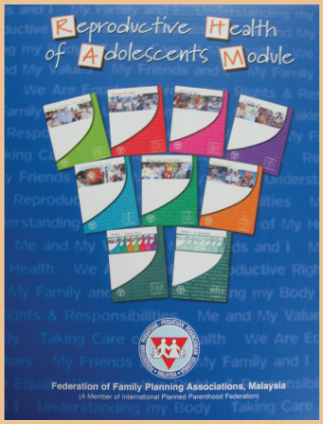

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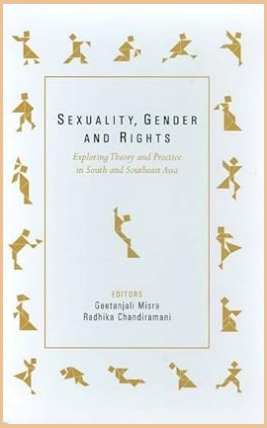

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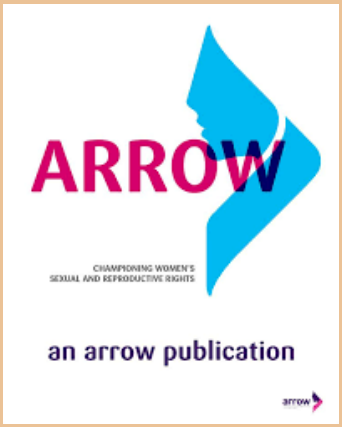

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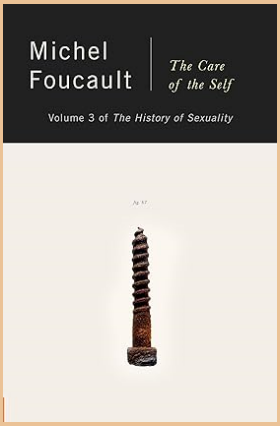

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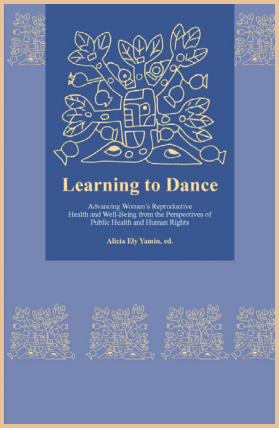

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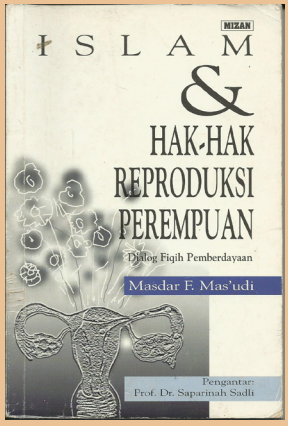

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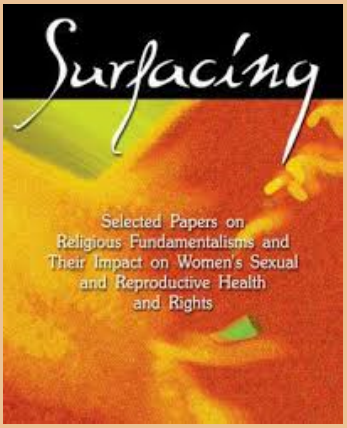

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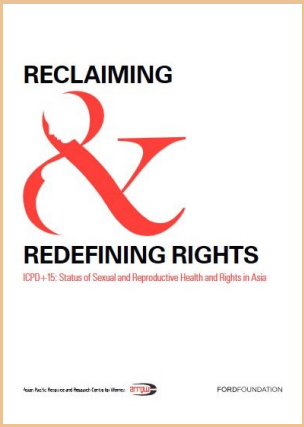

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