



CHOOSE
to be **SAFE**



WOMEN'S AID ORGANISATION
PERTUBUHAN PERTOLONGAN WANITA



BRITISH LION BRAND
CONDOMS AND PILLS
MADE IN ENGLAND

Women's Aid Organisation
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CHOOSE to be SAFE

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Introduction

CHOOSE TO BE SAFE is written to give factual information on family planning choices in the context of women's realities, especially a reality such as domestic violence.

Women who seek shelter from WAO have different levels of awareness and knowledge about family planning. But even with knowledge and information, being in a domestic violence situation makes it harder for women to exercise their choice of family planning.

Domestic violence occurs because of the dynamics of power relations between two people in a relationship whereby one party is regarded to be more powerful than the other. It is not a relationship of two equals. Most women in domestic violence situations have very little say (or negotiating power) when it comes to sexual relations, and many are forced to have sexual relations after being abused by their husbands or partners. When this happens, sex is most likely to be unprotected and would result in pregnancy that is unplanned. Not only that, there are also incidences where the wife or girlfriend then suffers from a sexually transmitted infection or even HIV/AIDS as a result of forced, unprotected sex.

At the national level there are a large number of women in Malaysia who are unaware of their sexual and reproductive rights. In 1994, 54% of married women used contraceptives. This figure dropped to 51% in 2004 and only 33% used modern methods like the pill, IUD and condoms. Comparatively, contraceptive use rate is between 70% - 80% among married women in Thailand, Vietnam and China.¹

As part of WAO's services to women, the social workers continue to engage in raising awareness of their clients on the rights of women, including the right to be free from violence and rights within a marriage. Critical to this discussion is also the issue of family planning.

It is through the work of the social workers together with their clients that this Choose To Be Safe kit is conceptualised.

Rather than just text, this booklet also provides visual examples of the various family planning methods. This makes the book a comprehensive reference to the women who will use them, namely:

- Social workers who work with women, in particular domestic violence survivors,
- Women who come to WAO for shelter, ex-residents of WAO and women who come for face-to-face counselling,
- Organisations that provide counselling and shelter services to women. -

CHOOSE TO BE SAFE reinforces the principle that every woman has a right to information and a right to exercise choice.

Women's Aid Organisation

¹ Information Brief - Speaking Out On Malaysian Women's Access To Contraception And Abortion Services. Reproductive Rights Advocacy Alliance Malaysia (RRAAM).

Own your Body

I think my husband is having sex with other women. I wish I had the strength to walk out, but I stay for the sake of my children. He still has sex with me. I feel trapped, and I don't know how to insist he uses a condom. All I know is I don't want to be infected with any disease. I do not want to be pregnant; we can only afford two children.

I was also afraid to talk to my husband about condoms. I also don't want to get pregnant so soon after my third child. You know what I did, I just bought condoms and put them on the bed and said, "Let me help you put them on for you"



My husband says, if you don't want to get pregnant, why don't you just take the birth control pill?

You should tell him birth control pill only protects against pregnancy. The condom protects against both pregnancy and infections and if you care for me and your children, you should care for my health too.



IN 2007, 745 women contracted HIV, 193 women were diagnosed with AIDS and another 131 women died from it. Most of these women contracted this disease from their husbands. Condom use is an easy and cheap method to protect oneself. You have a right to protect and look after your health and well being.

Love your Body

I hate my breasts, they are so flat, and my hips they are far too big. My husband and even my children are always teasing me about my fat...

You know what they say? "Don't jump up and down, you could cause an earthquake!"

You are healthy, your body is amazing. It produced babies, you are smart and you are a wonderful friend.



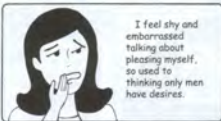
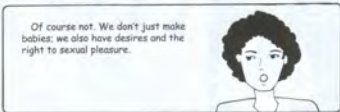
Hey, isn't your husband kind of big too? He has a big belly and he is balding too kan? And yet you love him and accept him the way he is.

Yes, I do deserve better treatment. I am going to love my body, inside and out even if others don't.



WHEN we respect and love ourselves first, others will then respect and love us too for the person we are, no matter what or how we look. It is okay to get fitter, trimmer and stronger if you wish. But do it because you love your body, not because you hate it.

Enjoy your Body

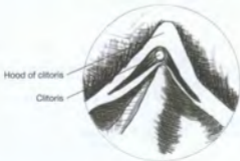


A SATISFYING and safe sex life is a woman's right and it involves making decisions within one's own personal beliefs. If we have not thoroughly explored our sexuality through masturbation, we won't know what makes us feel good but instead feel frustrated and disappointed after each sexual experience.

Know your Body

Get to know your sexual and reproductive organs

WE ALL have touched ourselves "down there" at some point whether to clean ourselves or to masturbate but do we know what "down there" looks like and what they are? Feel free to look and explore, after all it is your body. All that is needed is a hand held mirror and plenty of light. You can sit, squat or bend over, adjusting the mirror accordingly so that you can see your sexual organs clearly.



What happens when you have sex?

SOME PARTS of the body are more sensitive to sexual stimulation than others. The lips, breast, the skin, the base of the neck, the inner thighs can be sensitive to kisses and touch and make us relax and feel pleasure.

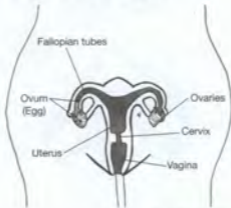
Sexual pleasure can bring us to a peak where we experience orgasm or climax. Stimulation of the vagina and clitoris, whether it is with the penis, fingers or tongue can bring a woman to orgasm. It is a pleasurable feeling like a release of muscular tension which comes in gentle waves or sudden contractions, and starts at the vagina or clitoris and ripples all over the body. The vagina may feel more wet and moist than usual after orgasm.

Experiencing pleasure and getting an orgasm does not depend on having a perfect body. It is more about how we think and feel, rather than how we look.

During sex, the penis is inserted into the vagina. When a man reaches orgasm, he releases **semen** and in this semen there are millions of **sperm**. The sperm can live for up to 48 hours.

Pregnancy happens when sex takes place during the time when a woman is **ovulating** (when the **ovaries** release the egg or **ovum**). Ovulation takes place once a month and the ovum can live for up to 24 hours. The sperm travels up the **uterus** and into the **Fallopian tubes** to meet with the ovum and penetrate it. Out of millions of sperms released, only one sperm will succeed. This is known as **fertilisation**. When the egg is fertilised, it will travel along the Fallopian tubes and implant itself on the lining of the uterus. The lining of the uterus provides the environment for the fertilised egg to grow. The woman has conceived, she is pregnant.

If the ovum is not fertilised, the lining of uterus will shed after a certain time and this is when a woman experiences her menses also known as period.



Questions Before you Choose

Do I want children?

WOMEN CAN choose and plan their reproductive life by deciding whether they want to have a child or children, when it is time to have children, how many children would they like to have.

Having children brings many changes and demands, not just physically, but also emotionally, psychologically, socially and financially. It is important that you talk to your husband about the number of children you both want to have.

Do I want to be a parent?

BOTH PARENTS should share the responsibility and enjoyable experience in raising their children. The reality is most women work outside of the home and after a hard day's work women are still expected to do housework, cook for the family and attend to the needs of the children even when tired.

Many women face this double burden as most husbands often do not pitch in to help with the household chores. Many of them also leave the upbringing of the children to their wives.

As women are occupied attending to the physical needs of the children, they are unable to spend further time to nurture the other aspects of their children's spiritual, educational, psychological and emotional development.

You should expect the father of your children to help raise the children and help in household chores so that you will have more rest and more quality time with the children and the family as a whole.

I want to have children but how many and how far apart?

IT IS NOT ENOUGH to decide whether or not to have children, it is also important to decide how many children to have and the age gap between them.

Getting pregnant again soon after birth may result in the mother not having enough time to gain back her nutritional reserves. It would be advisable for the mother to have a gap of not less than 18 months between pregnancies. If a mother who is breast-feeding gets pregnant, she requires more nutrition for the pregnancy as well as for the child whom she is breast-feeding.

Without enough nutrition, the growth and health of the next baby may be affected.

What is most important is the overall health of the mother. It is important that mothers get regular health check ups before getting pregnant and during the pregnancy. It is equally important that fathers accompany the mothers to the doctor and to be involved in every stage of her pregnancy.

How do I know which family planning method is suitable for me?

SOME QUESTIONS to consider:

- Do I want a permanent or temporary method of family planning?
- Do I want children now or later?
- Do I want a method to be taken orally or to be inserted into the vagina or body?
- Do I want a method to be taken every day? Every time before sex? Inserted once only for 3-5 years?
- How easy is it for me to get it? Is it affordable?
- Does it protect me from sexually transmitted infections (STIs) and HIV/AIDS?

Permanent method will give you the comfort and assurance that you will not get pregnant from sexual intercourse but it will not protect you from sexually transmitted infections or HIV/AIDS.

Temporary method means that once you start on a method, but later decide to get pregnant, you can remove or stop taking the family planning method in order to conceive.

Who can I talk to if I want to know more?

MAKE AN APPOINTMENT for a consultation with a staff nurse at the Federation of Family Planning Associations, Malaysia (FFPAM) or the National Population and Family Development Board (LLPKN).

You can consult a doctor or a nurse at government hospitals and private clinics.

You can also talk to other women who are willing to share their experiences with you on the methods that they use.

Discuss with your partner about the choices that both of you have and see what methods either one or both of you can practice.

"The right to make free and responsible reproductive choices encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation".

World Association for Sexual Health

Caution!

Sexually Transmitted Infections and HIV/AIDS

Sexually Transmitted Infections (STIs)

- Sexually Transmitted Infections are infections that are passed on from one person to another through sexual activity.
- This includes vaginal intercourse, oral sex and anal sex.
- Infections that are transmitted include Herpes, Chlamydia, Syphilis, Gonorrhoea, and many others.
- Some infections can be treated by a course of antibiotics.
- Some infections such as herpes has no known cure. However, there are other medication available that will cause the infection to occur less frequently and to be less harmful.
- Symptoms of STIs include itching around the vagina, anal or mouth area, painful burning sensation when urinating, cloudy or yellowish or greenish discharge, smelly discharge, bumps or sores around the vagina, anal or mouth area.
- If you experience any one or more of the above symptoms, go to a doctor immediately for a check-up and to get medication for the infection.
- It is highly recommended that if you are having an infection
 - 1) to abstain from any sexual activity until you have completed your course of medication or,
 - 2) practise safe sex by using a condom.

HIV/AIDS

HIV

- HIV stands for Human Immunodeficiency Virus.
- It is a virus that infects humans, just like any other virus such as flu, measles, SARS etc.
- The HIV virus attacks the immune system, making our body unprotected to other infections. The virus is transmitted through:
 - 1) Unprotected, vaginal or anal sex with an infected person
 - 2) When there is an exchange of infected blood through:
 - a) Sharing of needles or syringes
 - b) Blood transfusion
 - c) Organ transplant
 - 3) Mother to child transmission during pregnancy, delivery or breast-feeding

AIDS

- AIDS stands for Acquired Immunodeficiency Syndrome, which is a group of illnesses that occur in HIV-positive people as a result of a weakened immune system.
- AIDS is caused by the HIV virus.
- A person gets AIDS when he/she can no longer fight off infections that the body normally does if his or her immune system, is healthy.
- There is so far, no cure for AIDS.
- It is hard to tell if a person is infected with the HIV virus. The only way to know for sure is to go to a doctor and request to take an HIV test.
- A person who is tested with the HIV virus (HIV-positive) does not necessarily have AIDS.
- With medication, a HIV-positive person can go on living a healthy life for a very long time.
- He or she can still have a normal and active sex life but it is important to practice safe sex so that his or her partner is not infected with the virus.

Family Planning Methods

What is it?
How does it work?
Where do I get it?
How much does it cost?

The Pill

- Contains hormones that stops the woman's ovaries from releasing eggs so she cannot become pregnant.
- Taken orally at the same time everyday.

IF YOU MISS taking the Pill even once or take it everyday but at different times, the Pill will not work and you may get pregnant.

If taking other medications or antibiotics, extra care must be taken, as the Pill may not work as effectively. Check with the doctor or use another family planning method such as a condom for extra protection.

- Available at government hospitals, LPPKN clinics, Family Planning Associations, private hospitals and clinics, and pharmacies.
- A month's supply can cost between RM 9 – RM 50 per month, depending on the type of pill you take.



Injections

- Contains hormones that will cause a woman's white discharge (cervical mucus) to become thicker than usual. This prevents the sperm from entering the uterus.
- The hormones also stop the ovaries from releasing the eggs and cause changes in the uterus and Fallopian tubes, which stops fertilisation.
- Available at government hospitals or private clinics.
- In the beginning, 2 injections are required in a month followed by an injection once every 3 months. Each injection costs around RM45 or more.



Implants

- Little capsules (about 4 – 5 cm in length) inserted in the inner side of a woman's upper left arm.
- These capsules release hormones into her body that will stop her from getting pregnant, just like the Pill and the injection.
- Available at both government hospitals and private clinics. The cost of the implant start from RM450 or more and depending on the number of implants inserted, it can last from between 3–5 years.

THERE MAY BE side effects such as nausea, headaches, water retention, weight gain, tender breasts or irregular bleeding. Consult a doctor to know which type of family planning method is the most suitable for you and your health condition. If you experience discomfort or notice an unusual change, see a doctor immediately.



IUD (Intrauterine Device)

- Normally made from plastic or copper that is wound around the plastic. The IUD is inserted into the uterus of a woman and it prevents the sperm and the egg from joining.
- There are different types of IUD available so the replacement period is different from one IUD type to another. Some needs to be replaced every year, whereas some can be replaced after 4 years or more.
- The IUD is available at Government hospitals, private clinics as well as the National Population and Family Development Board Clinic (LPPKN Clinic) (see pg. 30-34 for list of clinics).
- The cost of the IUD starts from RM90 – RM120 at private clinics and hospitals. At the LPPKN Clinic they cost only RM 5.



Condoms

THE MALE AND FEMALE condoms are made from latex (rubber) like a cylinder. They prevent the sperm from entering the vagina. Aside from preventing pregnancy, condoms also prevent the transmission of sexually transmitted infections and HIV/AIDS.

Condoms have expiry dates so do check the packet or box before using them. Condoms should be kept away from sunlight and heat (even your jeans pocket!) because these will cause the condoms to spoil and decay.

- The male condom is rolled on to an erect penis **before** the penis is inserted into the vagina. After ejaculation, the sperm is trapped inside the air pocket at the tip of the penis. The condom must be removed immediately to prevent any leaks. Each condom can only be used once.
- For a more comfortable experience, use only water-based lubricants (e.g.: KY Jelly) otherwise the condom may tear.
- Available in a packet (RM 1.20 and above each) or in a box of 6 or 12, at pharmacies, supermarkets, 24-hour convenience stores and Family Planning Associations.



Female Condoms

- The female condom is like a male condom but it has a ring at each end.
- It is inserted into the vagina before the penis is inserted into the vagina.
- One end is closed to prevent the sperm from entering the vagina. This end is inserted into the vagina first. The other end is open for the penis.
- Practice is required to get used to them.
- At the moment, female condoms are not readily available for sale in Malaysia.



Diaphragm or Cervical Cap, with Spermicide

- The cervical cap is like the diaphragm, only smaller.
- Made from soft rubber and shaped like a dome. Must be used with spermicide, a gel that kills the sperm.
- Inserted into the vagina and covers the opening of the cervix. Prevents pregnancy by blocking the sperm from entering into the uterus.
- Can be inserted a few hours before having sex and removed a few hours after that.
- The male spouse or partner would not know that the diaphragm or cervical cap is being used.
- The use of the diaphragm and cervical cap is no longer very popular in Malaysia because women have to insert it themselves, so it is not very easily available.
- If this method sounds comfortable, speak to a doctor on how to obtain one. The size of a woman's cervix is different from one woman to another. A doctor has to measure the size of the cervix to ensure that the diaphragm or cervical cap is of the right size. It has to fit well and properly inserted into the vagina.



Natural Methods

NORMALLY USED when women are trying for a baby rather than to prevent pregnancy.

Involves monitoring the menstrual cycle to estimate the time a woman is ovulating or is fertile.

The risk of getting pregnant using the natural methods is very high.

Does not provide protection against sexually transmitted infections (STIs) or HIV/AIDS.

As a precaution, it is best used with another family planning method.

These methods also depend on the cooperation of the partner or spouse who would be willing to engage in sex only on days when the woman is certain that she is not ovulating or fertile.

Rhythm (Calendar) Method

- Record on a calendar, your menstrual cycle for 8 – 12 months continuously.
- For example, Anisa got her period on 15 April. This is recorded as Day 1. 16 April is recorded as Day 2, 17 April as Day 3, and so on.
- The next month, she gets her period on 13 May. She starts all over by recording this as Day 1.
- The length of the menstrual cycle from 15 April to 12 May is 28 days. This is done again for the next month until there are 8 or more, menstrual cycles recorded.

For Anisa, her menstrual cycle was recorded as follows:

Month	Length of Menstrual Cycle
April	30 days
May	28 days
June	32 days (longest cycle)
July	29 days
August	27 days
September	30 days
October	25 days (shortest cycle)
November	28 days
December	31 days

- The longest and shortest cycles are used to estimate the time that Anisa is fertile. The calculation to know which days are the fertile period is according to the following formula:

For the first fertile day, minus 18 from the length of the shortest cycle.
 For the last fertile day, minus 11 from the length of the longest cycle.

- In the case of Anisa, her shortest cycle is 25 days.
 $25 - 18 = 7$. So, Day 7 is the first fertile day.
- The longest cycle is 32 days.
 $32 - 11 = 21$. Day 21 is the last fertile day

- The fertile period is from Day 7 until Day 21. Anisa should abstain from sex during this period in order to prevent from getting pregnant.
- This method needs to be continuously monitored to re-calculate the estimated fertile period. Only the readings of the most recent 8-12 month menstrual cycles should be used.



Vaginal Discharge Method

- The vaginal discharge is secreted from the vagina and feels slippery or sticky.
- It is sometimes colourless and clear or light yellow.

Vaginal Discharge during menstruation

- During menstruation, the menstrual discharge will mask the vaginal discharge.
- Fertility during menstruation is not common but there is a very small chance that a woman can be fertile during this time. Extra care during sex (such as using a condom) is advised as protection from getting pregnant.

Vaginal Discharge after menstruation

- After menses, there are several days of dryness (no discharge).
- During this time before ovulation, the dry days are considered safe for sex.

Vaginal Discharge during ovulation

- During ovulation, the cervical mucus is wet and slippery, like egg white. This is a sign that a woman is fertile. Ovulation takes place in the 2 days before and 3 days after when the mucus is wet and slippery.
- Unless planning to get pregnant, it is highly recommended that sex is postponed or another form of family planning is used until the ovulation period is over.

Vaginal Discharge after ovulation

- After ovulation, the mucus changes to a thicker, stickier discharge or she feels dryness again.



Basal Body Temperature (BBT) Method

- A body basal thermometer (an easy-to-read thermometer which measures in tenths of a degree) is used to estimate the fertility period by observing the change in body temperature.
- The temperature is taken every morning immediately upon waking up and before doing any activity. The temperature is then recorded and monitored on a graph paper.
- During ovulation or fertility period, the body temperature falls slightly. The temperature will rise again after ovulation and when it stays high for 3 days in a row, the fertile period is over.
- Similar to the rhythm (calendar) method, a woman should keep a chart for a period of 8-12 months to learn the approximate time in the cycle when she usually ovulates.



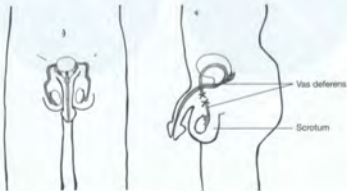
Surgical Methods

THESE METHODS are permanent and cannot be reversed or undone. Because of this, the procedures are carried out if the man or woman is above 40 years of age (or have completed their reproductive cycle). Below that, they will be required to go for counselling first before going ahead with the procedure.

The methods involve microsurgery as they are done on tubes that are very narrow and small.

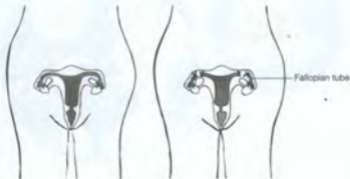
Vasectomy (Male Sterilisation)

- A vasectomy is a surgical procedure for men to prevent the sperm from being included in the semen.
- A small surgical cut is made on the scrotum and the vas deferens tubes are tied and cut. This prevents the sperm from getting into the semen.
- The procedure is a minor operation and does not require hospitalisation.
- Counselling and affordable vasectomy services are offered by the National Population and Family Development Board (LPPKN) headquarters in Jalan Raja Laut, Kuala Lumpur. The fee for vasectomy is RM100.
- Also available at private hospitals.



Bilateral Tubal Ligation (Female Sterilisation)

- A tubal ligation is a surgical procedure for women to prevent the sperm from meeting and fertilising the ovum.
- A small surgical cut is made in the abdomen to gain access to the woman's Fallopian tubes. The tubes are then cut, tied or clipped.
- The procedure may require hospitalisation.
- The National Population and Family Development Board (LPPKN) only provide counselling services and would refer the couple to a government hospital for the operation. The fee for the surgery at a government hospital would not be more than RM100.
- Also available at private hospitals.



Emergency Contraceptives (Post-coital Method)

The morning-after pill

- Despite precautions taken, accidents can happen.
- For example, a condom may accidentally break after the man has ejaculated. This puts the woman at risk as she is no longer protected from getting pregnant.
- It is possible for her to take an emergency contraception to avoid getting pregnant such as the morning-after pill (Postinor). The pill contains high levels of hormones, which prevents the fertilised egg from implanting itself to the uterus.
- There are 2 pills; the first must be taken within 72 hours of unprotected sex. The second pill must be taken 12 hours after taking the first pill.
- Not as effective as birth control that is used before or during sex, like the pill or condoms.
- The pills are available at pharmacies at RM3.50
- Aside from failed family planning methods, a woman can use this if she didn't use contraception, or if she was forced to have sex.
- Consultation with a doctor is advised.



Abortion

- Pregnancy that is unwanted put a woman in a dilemma because she is not sure what she should do and what she can do.
- A woman may resort to myths that eating certain food, such as pineapple, or taking certain traditional herbs, will remove the embryo or foetus. These methods may only result in falsely raising hopes that she will no longer be pregnant and that her problem is solved.
- However, the pregnancy may still continue and by the time she sees a doctor, it may be too late to do anything about it.
- An abortion (or termination of pregnancy) is a legal procedure. If a qualified doctor, in consultation with the woman, decides that the pregnancy is likely to injure her physical and mental health based on her individual circumstances, such an abortion is legal.
- An abortion may be done safely either:
 - as a 5-10 minute surgical procedure or
 - by taking medication.
- Taking the medication may take 1-2 weeks to complete and has a slightly higher failure rate and surgery may be required later.
- An abortion should preferably be done within the first 3 months of the pregnancy. Abortion is an irreversible procedure with minimal risks. It is also important that the surgical procedure is done in a clinic that is clean and safe.
- Counselling services before abortion is a choice a woman can make. If she is absolutely sure she wants to have an abortion, there is no need for counselling.
- FFPAM and the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) provide pre-abortion and post-abortion counselling. RRAAM also has contacts for abortion providers (see page 27 for contact details).
- An abortion can cost from RM300 and above, depending on pregnancy size.



Abstinence

- Abstinence is not having sex or engaging in any form of sexual activity that would lead to sex.
- There is no risk of getting pregnant or getting a sexually transmitted infection or HIV/AIDS.
- Can be practised by anyone, even if he or she has already had sex before. It doesn't cost anything and there are no side effects.



For More Information

NON-GOVERNMENTAL ORGANISATIONS

Women's Aid Organisation (WAO)

Pertubuhan Pertolongan Wanita
P.O. Box 493 Jalan Sultan
46760 Petaling Jaya
Selangor
Tel: 03-7956 3488
Fax: 03-7956 3237
Email: wao@po.jaring.my
Website: www.wao.org.my

All Women's Action Society (AWAM)

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Email: awam@awam.org.my
Website: www.awam.org.my

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Fax: 03-4042-6133
E-mail: contactus@mac.org.my
Website: www.mac.org.my

Reproductive Rights Advocacy Alliance Malaysia (RRAAM)

c/o **ARROW**
No. 80 & 82 3rd Floor,
Jalan Tun Sambanthan
Brickfields
50470 Kuala Lumpur
Tel: 012-477 2551
Fax: 04-656 8511
E-mail: raamalaysia@yahoo.com
Website: www.womenonwaves.org

Sisters in Islam (SIS)

No. 7, Jalan 6/10
46000 Petaling Jaya
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Tel: 03-7785 6121/ 7784 2733/ 7784 4357
Fax: 03-7785 8737
Email: sistersinislam@pd.jaring.my
Website: www.sistersinislam.org.my

Women's Centre for Change Penang (WCC)

24-D Jalan Jones,
10250 Penang
Tel: 04-228 0342
Fax: 04-228 5784
E-mail: wcc@wccpenang.org
Website: www.wccpenang.org

**FEDERATION OF FAMILY PLANNING ASSOCIATIONS, MALAYSIA (FFPAM)
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E-mail: fpamel@po.jaring.my

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**Penang Family Planning
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Perak Family Health Association

No. 60A, Regat Sri Cempaka
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31400 Ipoh
Tel: 05-547 7849
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E-mail: ppkp681@streamyx.com

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140 Persiaran Jubli Emas
01000 Kangar
Tel/Fax: 04-976 0739

Sabah Family Planning Association

Council of Management
613 Jalan Family Planning Centre
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88000 Kota Kinabalu
Tel: 088-245 209
Fax: 088-210 813
E-mail: sfpa@tm.net.my

Sarawak Family Planning Association

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12G Jalan Engku Pengiran Anom 2
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Tel: 09-622 1763
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NATIONAL POPULATION AND FAMILY DEVELOPMENT BOARD (NPFDB)
(LEMBAGA PENDUDUK DAN PEMBANGUNAN KELUARGA NEGARA, MALAYSIA - LPPKN)

SELANGOR

Klinik LPPKN Shah Alam
 Jalan Sempadan 16/7
 Peti Surat 7080
 40702 Shah Alam
 Tel: 03-5510 1231

Klinik LPPKN Kelang
 54, Leboh Tapah
 Jalan Gih Hock Huat
 41400 Kelang
 Tel: 03-3342 2546

Klinik LPPKN Batu Caves
 No.8, Jalan 2A/2B
 Taman Desa Bakti
 68100 Batu Caves
 Tel: 03-6138 0601

Klinik LPPKN Pelabuhan Kelang
 No.19A, Jalan Chungah
 42000 Pelabuhan Kelang
 Tel: 03-3368 8114

Klinik LPPKN Kajang
 d/a Hospital Kajang
 43000 Kajang
 Tel: 03-8736 7758

Klinik LPPKN Ampang
 420 Wisma Saudagar
 Batu 5, Jalan Ampang
 68000 Ampang
 Tel: 03-4256 0130

WILAYAH PERSEKUTUAN

Klinik Nur Sejahtera
 Bangunan LPPKN
 12B Jalan Raja Laut
 50712 Kuala Lumpur
 Tel: 03-2692 9675

Klinik LPPKN Kepong
 No. 343-A, Jalan 1/33A
 Batu 7, Jalan Kepong
 52000 Kepong
 Tel: 03-6274 9670

Klinik LPPKN Hospital Universiti
 d/a Pusat Perubatan Universiti
 Malaya
 59100 Kuala Lumpur
 Tel: 03-7956 2079

Klinik LPPKN Jalan Kelang Lama
 No.12-2, Jalan Mega Mendung
 (OUG)
 Batu 5, Jalan Kelang Lama
 58200 Kuala Lumpur
 Tel: 03-7982 7314

Klinik LPPKN Sungai Besi
 No. 40-2, Jalan 7/108C
 Taman Sg. Besi
 57100 Kuala Lumpur
 Tel: 03-7980 8296

KEDAH

Klinik LPPKN Alor Setar
Kawasan Hospital Besar
Peti Surat 98
05710 Alor Setar
Tel: 04-731 1471

Klinik LPPKN Baling
71, Jalan Tuanku Badlishah
09100 Baling
Tel: 04-421 2900

Klinik LPPKN Sungai Petani
d/a Hospital Daerah
Peti Surat 86
08007 Sungai Petani
Tel: 04-470 2133

Klinik LPPKN Kulim
No. 1530, Jalan Hospital
09000 Kulim
Tel: 04-490 6204

JOHOR

**Pusat Kepakaran Wilayah LPPKN
Johor Bahru**
Jalan Dato' Wilson
Kawasan Hospital Sultanah Aminah
80100 Johor Bahru
Tel: 07-223 5232

Klinik LPPKN Batu Pahat
Lot G14 & G15 (Tingkat Bawah)
Plaza Lian Hoe
Jalan Mohd Akil
83000 Batu Pahat
Tel: 07-434 2315

Klinik LPPKN Batu Kuang
Jalan Hospital
86000 Kuang
Tel: 07-771 3344

Klinik LPPKN Kota Tinggi
Jalan Lombong
81900 Kota Tinggi
Tel: 07-883 1876

Klinik LPPKN Muar
Jalan Salleh
84000 Muar
Tel: 07-951 4159

Klinik LPPKN Pontian
745, Tingkat 1
Bgn. Wisma Koperasi
Jalan Taib
82000 Pontian
Tel: 07-687 3696

Klinik LPPKN Segamat
d/a Hospital Daerah
65000 Segamat
Tel: 07-931 1003

KELANTAN

Klinik LPPKN
No. 10, Tingkat 1
Bangunan SEDC
Jalan Maju
50000 Kota Bahru
Tel: 09-744 5634

MELAKA

Klinik LPPKN Melaka
24A, Lorong Banda Kaba
75700 Melaka
Tel: 06-283 9413

NEGERI SEMBILAN

Klinik LPPKN
Hospital Umum Lama
Jalan Rasah
70300 Seremban
Tel: 06-763 0503

Klinik LPPKN Jelebu
d/a Hospital Daerah
71600 Jelebu
Tel: 06-613 7193

Klinik LPPKN Kuala Pilah
Kelab Ulu Muar
231, Jalan Tuanku Burhanuddin
72000 Kuala Pilah
Tel: 481 4518

Klinik LPPKN Port Dickson
d/a Klinik Kesihatan
71000 Port Dickson
Tel: 06-647 4544

Klinik LPPKN Gemas
F4, Arked Mara
Jalan Segamat
73400 Gemas
Tel: 07-948 2600

PAHANG

Klinik LPPKN Kuantan
d/a Kawasan Hospital Ampuan
Atzan
Peti Surat 2
25700 Kuantan
Tel: 09-513 1082
Fax: 09-517 1082

Klinik LPPKN Bentong
d/a Hospital Daerah
28700 Bentong
Tel/Fax: 09-222 1744

Klinik LPPKN Raub
Jalan Pejabat
25700 Raub
Tel/Fax: 09-355 2354

Klinik LPPKN Temerloh
C-324, Jalan Kuantan
28000 Temerloh
Tel/Fax: 09-296 1319

Klinik LPPKN Mentakab
38, Jalan Zabidin
28400 Mentakab
*Tel/Fax: 09-277 1488

Klinik LPPKN Kuala Lipis
No. 8, Jalan Bukit Blus
27200 Kuala Lipis
Tel/Fax: 09-312 1716

PERLIS**Klinik LPPKN Perlis**

Jalan Hospital (Jalan Abi Tok Hashim)
Peti Surat 18, 01700 Kangar
Tel: 04-977 0914

PENANG**Klinik LPPKN Jalan Resideni**

d/a Hospital Bersalin
Jalan Resideni, Georgetown
10450 Penang
Tel: 04-228 9840

Klinik LPPKN Seberang Jaya

14, Jalan Hala Kalut
Seberang Jaya, 13700 Prai
Tel: 04-390 4104

PERAK**Klinik LPPKN Tanjung Malim**

No. 20, Taman Bunga Raya
35900 Tanjung Malim
Tel: 05-459 0082

Klinik LPPKN Bidor

Jalan Sungkai
35500 Bidor
Tel: 05-434 4400

Klinik LPPKN Sitiawan

11A, Taman Anson
Jalan Raja Omar
32000 Sitiawan
Tel: 05-691 0030

Klinik LPPKN Kampar

No. 9, Jalan Market
31900 Kampar
Tel: 05-465 1548

Klinik LPPKN Parit Buntar

No. 2, Taman Sri Tenggara
Jalan Taiping
34200 Parit Buntar
Tel: 05- 716 1399

Klinik LPPKN Kuala Kangsar

No. 31, Jalan Daeng Seelli
33000 Kuala Kangsar
Tel: 05-776 5833

Klinik LPPKN Teluk Intan

Jalan Woo Saik Hong
36000 Teluk Intan
Tel: 05-622 2004

Klinik LPPKN Taiping

30, Kompleks Kota Mula
Lorong Long Jaafar
Peti Surat 104
34008 Taiping
Tel: 05-807 2581
Fax: 05-808 4772

**Pusat Kepakaran Wilayah,
LPPKN Ipoh**

137, Jalan Dato' Onn Jaafar
30300 Ipoh
Tel: 05-254 1807/ 254 8623

TERENGGANU

Klinik LPPKN Kuala Terengganu
d/a Hospital Besar
Peti Surat 58
20700 Kuala Terengganu
Tel: 09-625 2305

Klinik LPPKN Dungun
Jalan Besar
23000 Dungun
Tel: 09-844 1108

Klinik LPPKN Besut
Lot 257, Tingkat 1
Jalan Mokmek
22000 Besut
Tel: 09-697 2633

SABAH

Pejabat LPPKN Negeri Sabah
Lot A31 N32, Blok A, Tingkat 4
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Jalan Mat Salleh, Tanjung Aru
88100 Kota Kinabalu
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Pejabat LPPKN Negeri Sarawak
Lot 387, Sublot 16
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Jalan Satok
93400 Kuching
Tel: 082-411 944
Fax: 082-241 036

LABUAN

Pejabat LPPKN Labuan
Lot 8, 9 dan 10, Tingkat 4
Wisma Wong Wo Lo
Jalan Tun Mustapha
87000 Wilayah Persekutuan Labuan
Tel: 087-418 717
Fax: 087-418 716

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The Boston Women's Health Book Collective. *The New Our Bodies, Ourselves.* New York: Simon & Schuster Inc., 1992

<http://www.fpam.org.my> Federation of Family Planning Associations, Malaysia

<http://www.lppkn.gov.my> National Population and Family Development Board

<http://www.femalehealth.com> The Female Health Company

<http://www.thewellproject.org> The Well Project

<http://www.fwhc.org> Feminist Women's Health Center