

# Baseline Study: Family Planning Among Burmese Refugees in Kuala Lumpur, Malaysia

A Study Conducted by UNHCR,  
Women's Refugee Commission and CDC

June – August 2011

## REPORT FOR COMMUNITY CONTRIBUTORS

### WHO ARE WE?

The United Nations High Commissioner for Refugees (UNHCR) leads and coordinates international action to protect refugees and their rights worldwide.

The Women's Refugee Commission is an advocacy organization based in New York, United States (U.S.). It advocates for changes in laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women, children and young people.

Centers for Disease Control and Prevention (CDC) is a U.S. government agency. The CDC has a Division of Reproductive Health that addresses the reproductive health of refugees and internally displaced persons in emergency and post-emergency settings.



*Women participate in a group discussion.*

### FAMILY PLANNING AND REFUGEES

Family planning is the ability of individuals and couples to anticipate and have their desired number of children. It is also the ability for them to choose the space between their children through use of contraceptive methods. Under international human rights law, access to family planning is a human right. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) says all individuals and couples have the “right to decide on the number, spacing and timing of children.” The Programme of Action from the 1994 International Conference on Population and Development also notes the right of couples and individuals “to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.”

### WHY DID WE COME TO KUALA LUMPUR?

We visited Malaysia to examine the extent to which Burmese refugees use family planning services in Kuala Lumpur. We wanted to learn about what the Burmese people think about family planning and whether they are able to obtain contraceptives; how many people use them; and what family planning services are available to them in health facilities.

## WHAT DID WE DO DURING OUR VISIT?

One member of the Women's Refugee Commission visited Kuala Lumpur for eight weeks in June and July 2011. She and a team of 8 community members interviewed 422 women of reproductive age (15-49 years). They also met with 64 men, women, and adolescent girls and boys in group discussions, and interviewed refugee community leaders to learn about their thoughts on family planning. They also visited three health facilities and interviewed providers about the services they offer.

By listening to people in Kuala Lumpur, we learned directly about their thoughts and experiences. We are grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

## WHAT DID WE LEARN DURING OUR VISIT?

We learned that 42.2% of women of reproductive age currently use a method of contraception; 32.7% of Muslim women, and 65.9% of Christian women. The most commonly used methods of family planning are oral contraceptive pills, pills a woman takes every day; withdrawal, a method by which the man removes his penis before ejaculation; and the male condom, a method used by men.

Most people are aware of the benefits of spacing births, including the health benefits to the mother, the economic benefits of raising fewer children, and the desire to wait to have children because of the more difficult living situation in Malaysia. While most community members have heard of family planning, we learned that community members do not know a lot about different methods of contraception and their side effects.

While family planning services are mostly good at health clinics in Kuala Lumpur, we learned that access to the

clinics is difficult for many members of the community. We also learned that the community needs more information about where to get services.

## WHAT WILL WE DO NOW?

The Women's Refugee Commission and UNHCR will share these findings and recommendations to improve family planning services for Burmese refugees. Some of the recommendations are:

- Hold trainings and find a way to supervise community health workers, community health coordinators and peer educators. Community members like to get information from these people, but they need more knowledge so they can be more effective and communicate where services are available to the community.
- Increase coordination between clinics and develop a referral system for family planning.
- Ensure that UNHCR can continue to offer free and low cost family planning services and translators to refugees and expand services into more neighborhoods.

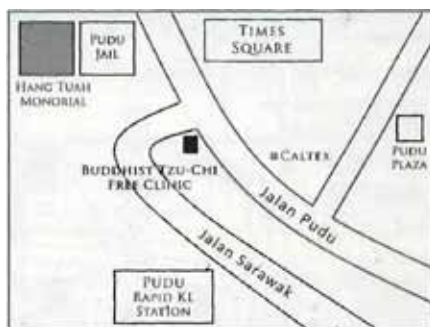


*Men participate in a group discussion.*

## WHAT CAN YOU DO IF YOU WANT TO LEARN MORE ABOUT OUR WORK?

To learn more about family planning in Kuala Lumpur, go to:

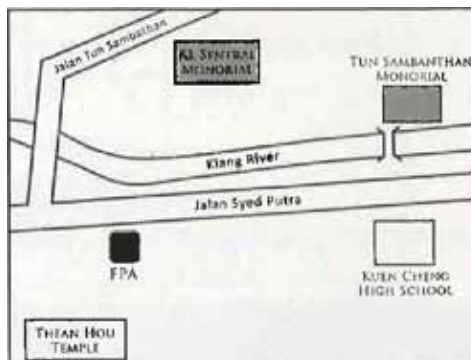
Buddhist Tzu-Chi Free Clinic:  
221, 4th Floor  
Wisma LTS, Jalan Pudu  
55100 Kuala Lumpur  
Tel: 03.2142.1567



Selangor/ WP Family Planning Association:  
22M, Jalan Sungai Besi  
57100 Kuala Lumpur  
Tel: 03.9222.1858



2B, Lorong Syed Putra Kiri  
Off Jalan Syed Putra Kiri  
50460 Kuala Lumpur  
Tel: 03.2274.3489



35-2-1, Jalan 3/50  
Diamond Square  
Off Jalan Gombak  
53000 Kuala Lumpur  
Tel: 03.4021.9103



Klinik Kesihatan Ibu & Anak  
(Mother and Child Health Clinic, Ministry of Health):  
Jalan Hang Tuah  
55200 Kuala Lumpur  
Tel: 03.9221.4445

Or contact Chun Ting Wong, Individual Assistance Department, UNHCR Malaysia, at +603.2141.1322.

To learn more about the Women's Refugee Commission's advocacy on behalf of displaced women, children and youth, visit [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org) or contact us at [info@wrcommission.org](mailto:info@wrcommission.org).

Photographs: Women's Refugee Commission/Sarah Frank.

This report was written by Erin McCoy.

