GENDER PERSPECTIVES

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The Gender Studies Programme at ISEAS was established in 2005 to contribute to the literature on gender research, publishing and policy consultations. The programme, headed by Dr Theresa Devasahayam, covers two areas: women and politics; and health and social vulnerabilities of marginalized women, including chronically poor women, low-skilled women, migrant workers, sex workers, older women, trafficked women, and internally displaced and refugee women. These areas are explicitly chosen to fill a gap in the research in the region, and are explored from a diversity of theoretical perspectives and disciplinary approaches.

Forced Migration and Adolescent Reproductive Health

BY SU-ANN OH AND MARGARET HOBSTETTER

This article combines findings from a study on reproductive health in three populations along the Thailand-Burma border and research conducted on adolescent pregnancy in camps for Burmese refugees in Thailand. The data show that adolescents in three populations—communities in eastern Burma (isolated rural villages, conflict-affected areas, and internally displaced person (IDP) areas in eastern Burma), migrant communities and refugee camps in Thailand—face difficulties in gaining access to reproductive health information and services. One key reason for gaps in service is community attitudes towards adolescent sexual health and reproduction. The impact of community attitudes on access to care is most striking in refugee camps, where populations may access camp-based clinics for reproductive health services, and arguably face the fewest structural barriers to access (for example, barriers to access that exist as part of one's external environment, such as security and freedom of movement).

The reproductive health vulnerabilities of adolescents

Decades-long conflict and widespread human rights abuses in eastern Burma have resulted in the migration of millions throughout the region, leaving the population divided among isolated rural villages and IDP areas in eastern Burma, and migrant communities and refugee camps in Thailand.

It is estimated that at least 446,000 IDPs live in the eastern border region of Burma and Thailand (TBBC, 2010), and face on-going security threats, economic isolation, and poverty. Many cross the border into Thailand and given restrictions on camp registration and access to work permits, they live as unregistered migrants, often with poor access to basic needs such as clean water, sanitation, and healthcare. Meanwhile, over 140,000 Burmese refugees and asylum-seekers live in nine official camps in Thailand (TBBC, 2011a), in one of the most protracted refugee situations in the world. Those living within the camps receive basic food, shelter, education, and medical care (TBBC, 2011b).

Findings from a study conducted by Ibis Reproductive Health (Hobstetter, et. al., forthcoming) demonstrate that access to reproductive health services often depends on one's membership in one of these populations. For those in eastern Burma, the reproductive health situation is characterised by structural barriers, including geographic isolation and lack of security. These barriers have resulted in a lack of supply of reproductive health information,

essential medication, skilled birth attendants, and access to family planning services, coupled with high rates of unplanned pregnancy with attendant unsafe abortion.

For migrants in Thailand, structural barriers, including security, distance, language differences, and resource shortages often limit migrants' access to available reproductive health resources. For refugees, although systems are in place to improve access to reproductive health resources through camp-based clinics and referrals for hospital-based care, there continues to be barriers which include a lack of evidence-based family planning counselling and supply distribution, and widespread misinformation and misperceptions among the camp community that reduce family planning uptake.

Although there is an overall lack of reproductive health education and family planning information for all three of these separate but overlapping populations, this gap is even more pronounced among adolescents.

Burmese father registering baby at the Mae Tao Clinic

Although there is an overall lack of reproductive health education and family planning information for all three of these separate but overlapping populations, this gap is even more pronounced among adolescents (defined in this study as unmarried individuals aged 12 to 24). Among these three populations, availability of family planning counselling and services for adolescents and unmarried adults is variable among refugee organisations that are not adolescent-focused. Adult and adolescent focus group participants widely reported age and marital status as barriers to family planning information and supplies.

Eastern Burma

Based on data collected from focus group respondents and stakeholder organisations, it was found that there was less access to family planning in conflict-affected zones and IDP settings than in migrant areas in Thailand owing to structural barriers, lack of anonymity in smaller villages, cultural resistance, and health worker bias. Organisations working with these populations report that family planning information, services, and supplies are not universally provided to unmarried persons because of the perception that unmarried people do not need family planning. This is further complicated by the practice of 'forced marriage' in the case of pregnancy out of wedlock. Furthermore, even for married couples, at least one organization reported giving preference to outreach strategies focused on married couples with three or more children over married couples with less than three children. In eastern Burma, unmarried people can gain access to contraception from selected health educators and health workers, or purchase condoms and oral contraceptive pills in local shops. However, travel in eastern Burma is challenging, expensive, and dangerous. In addition, young people are reportedly 'shy' and apprehensive about procuring reproductive health information and family planning services. Adolescent reproductive health training sessions in the border area are offered by a number of organisations, although security and resource challenges limit the number of adolescents reached by this service.

Because of the region's isolation, risks in delivering care to conflict-affected areas and logistical challenges, maternal mortality rates in eastern Burma dwarf the rate in Thailand and Burma as a whole. Post-partum haemorrhage and unsafe abortion are the most commonly reported causes of maternal death and injury for this population.

Currently, there is no access to safe and legal abortion in Burma. There are mixed reports of abortion practices and prevalence in Burma although organizations and individuals report that unsafe abortion is prevalent. Organizations often relate the issue of unsafe abortion to lack of access to family planning among cross-border populations. Virtually all respondents highlight community disapproval of induced abortion.

Migrant areas in Thailand

In migrant areas in Thailand, organizations working in reproductive health report that even if services are available to unmarried persons, the majority of their clients are married. That the numbers of unmarried

family planning clients are small may be attributed to both shyness and the mistaken perception that family planning services are only available to married persons. This trend is of concern since young and unmarried people resort to purchasing supplies in the Thai shops rather than accessing those offered by area organizations and because of the language barriers, contraception is often distributed and administered without proper instruction to migrants, thereby increasing the risk of contraception misuse.

In spite of the legal status of abortion in Thailand and attitudes about abortion in the migrant community, it must be noted that abortion prevalence is hard to estimate in migrant areas. However, organizations and individuals report that unsafe induced abortion is widespread in the border region as barriers to use, and like the other populations discussed, young and unmarried people face particular difficulties in accessing reproductive health and family planning information and supplies. The existence of fewer structural barriers to care in these camps versus the populations in eastern Burma and migrant areas highlights the significant role of community attitudes as a key barrier to family planning information and services in the camp setting. As in the other populations, community attitudes towards adolescent sexual activity exert a strong and pervasive influence on adolescents. They feel 'shy' and 'embarrassed' to use the family planning services. Often, 'voluntary marriage' for this population is a consequence of unwanted pregnancy, fear of gaining a bad reputation from being seen with a girlfriend or boyfriend, or rebellion against parents' disapproval of their chosen girlfriend or boyfriend (Walsh and Hendy, 2006). Along the same vein, young people drop out of school 'voluntarily' when this occurs (Oh and van der Stouwe, 2008). Although termination in the case of rape is allowed under Thai law, Planned Parenthood Association of Thailand (PPAT) reports that abortion referrals for rape cases are extremely difficult because of the involvement of Thai authorities.

Community attitudes in refugee camps

Although most stakeholder organizations and focus group participants in the Ibis assessment acknowledged gaps in services for adolescents and a pressing need for improved access to reproductive health services for adolescents, across the three groups it was found that respondents reported a perception that adolescents do not "need" reproductive health services. Respondents reported an idealized perception of unmarried adolescent sexual experience. Moreover, the embarrassment that prevents unmarried adolescents from seeking services has led to the perception among at least some health workers that there is no actual need among adolescents. It is also possible that the respondents may have felt that having more services catering for unmarried adolescents might encourage pre-marital sex amongst adolescents.

With regards to the lack of need among adolescents, a study conducted by the American Refugee

Reproductive health care at Mae Tao Clinic in Maesot, Thailand

Despite acknowledged gaps in services for adolescents, respondents reported a perception that adolescents do not "need" reproductive health.

Classroom in a refugee camp on the Thai-Burmese border

The preservation of community norms about adolescent sexuality overrides those relating to education.

Committee (ARC) (Walsh and Hendy, 2006), found that the perceptions of community leaders in the refugee camps differ from attitudes reported by the respondents in the Ibis border-wide study. The ARC found that community leaders perceived higher rates of unmarried adolescent pregnancy and increasing cases of early unmarried adolescent pregnancy over the years (Walsh and Hendy, 2006). In a study conducted by ZOA Refugee Care in 2006, the perception of a rise in unmarried teenage pregnancy was further supported by the principal and vice-principal at the only school in Ban Don Yang refugee camp, who both felt that reproductive health education provided in the school did not include moral guidance about abstaining from pre-marital sex. They also attributed a rise in teenage sexuality to the proliferation of human rights education introduced by international NGOs.

The fifteen school principals interviewed in the ZOA study were unforgiving in their attitudes towards pregnancy among unmarried adolescents. One high school principal in Mae La camp said that "there are no excuses for those who get married" (interview May, 2006) (the term 'get married', when applied to young people of school-going age, is used as a euphemism for 'get pregnant,' since young unmarried women who find themselves pregnant are often pressured into marriage by their families). While some school principals in Mae Ra Ma Luang camp believed that the Karen Education Department (KED), the camp-based education authority at the time, prohibited married students from attending school, the KED did not in fact have an explicit policy to this end. Meanwhile, other schools have explicit rules prohibiting married students from attending, while others rely on an implicit understanding that young people who become pregnant and/or marry should not attend school. The ZOA study identified cases where some schools reported having al-

lowed their pregnant and married students to take board exams, but did not allow them to continue their studies in school. In other schools, pregnant adolescents are allowed to return to school after one year. These prohibitions serve as a significant indicator of the extent to which adolescent reproductive and sexual activity is collectively proscribed and it appears that the preservation of community norms about adolescent sexuality overrides those relating to education although education is highly valued by the community and its leaders for its value in identity politics and nationalistic struggle (Oh, forthcoming). Further investigation would be needed to understand why this is the case, shedding more light on how to better manage the issue of adolescent pregnancy and school dropout.

Conclusion

While structural issues create significant barriers to the provision of reproductive health services across all the settings and populations, adolescents in particular, face additional difficulty in gaining access because of community attitudes. The consequences of this trend are threefold. First, there is less reproductive health information and family planning supply provision for unmarried adolescents, especially girls. Second, the shame and embarrassment attached to pre-marital sex is internalized by adolescents who are too self-conscious to avail themselves of existing reproductive health services. Third, community measures that shame and punish those who breach community norms act as a form of social control over young people's sexuality. These findings highlight the fact that, in order to provide better reproductive health services to young unmarried people, efforts must be made to facilitate change in community perceptions and attitudes.

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REFERENCESS

Hobstetter, M., Walsh, M., Leigh, J., Lee, C., Sietstra, C. and Foster, A. (forthcoming) *Separated by borders, united in need: an assessment of reproductive health on the Thailand-Burma border*. Cambridge, MA: Ibis Reproductive Health.

Oh, S-A. (forthcoming) Identity and Inclusion: Education in Refugee Camps in Thailand. In *Achieving Equity in Education for Refugee and Immigrant Students Volume 4 Immigrants and Refugees*.

Oh, S-A., Ochalumthan, S., Pla Law La and Htoo, J. (2006) *Education Survey 2005*. Maesot, Thailand: ZOA Refugee Care.

Oh, S-A. and van der Stouwe, M. (2008) Education, Diversity, and Inclusion in Burmese Refugee Camps in Thailand. *Comparative Education Review*, Vol 52(4): 589 -618.

Thailand Burma Border Consortium [TBBC] (2011a) *Burmese Border Displaced Persons: August 2011*. <http://www.tbbc.org/camps/2011-08-aug-map-tbbc-unhcr.pdf> Accessed 11 October 2011.

Thailand Burma Border Consortium [TBBC] (2011b) *Programme Report January to June 2011*. Bangkok, Thailand: TBBC. <http://www.tbbc.org/resources/resources.htm#reports> Accessed 11 October 2011.

Thailand Burma Border Consortium [TBBC] *2010 Program Report, July to December 2010*. <http://www.tbbc.org/resources/resources.htm#reports> Accessed 22 September 2011.

Walsh, M. and Hendy, L. (2006) *Adolescent Health Needs Assessment in Umpiem Mai, Nupo, and Ban Don Yang, Thailand-Burma Border*. Internal ARC International Report. Umphang: ARC.

ZOA (2007) *Having Their Say: Refugee camp residents and inclusive education. ZOA's commitment to educational inclusion*. Maesot, Thailand: ZOA Refugee Care Thailand.

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Rethinking the 'Obedient Wife': Islam and Gender Roles in Contemporary Malaysia

Unsurprisingly, the club's message–to link social problems mainly to sexuality–has drawn heavy censure from the more reformist-oriented rights groups...Arguably, such a discourse might have emerged out of a religious public sphere that is controlled by men seeking to preserve their authority and status, thus marginalizing women's voices as secondary.

BY NORSHAHRIL SAAT

INCULCATING more 'obedient wives' may reduce divorce and domestic violence. Moreover, social problems such as prostitution, domestic violence, and infidelity can be curtailed should there be a stronger belief in God and should wives become better at satisfying their husbands. These are the general arguments of the Obedient Wives' Club (OWC), launched in Malaysia in June 2011. The club's vice-president, Dr Rohaya Mohamad, was reported to have told the country's *New Straits Times* that "a man married to a woman who is as good as or better than a prostitute in bed has no reason to stray. Rather than allowing him to sin, a woman must do all she can to ensure his desires are met" (*The Straits Times*, 6 June 2011).

Unsurprisingly, the club's message—to link social problems mainly to sexuality—has drawn heavy censure from the more reformist-oriented rights groups such as Sisters In Islam. Commenting on OWC's latest controversial publication entitled *Seks Islam, Perangi Yahudi untuk kembalikan Seks Islam Kepada Dunia* (Islamic Sex, fighting Jews to return Islamic sex to the world), Sisters In Islam Executive Director Ratna Othman said that the group failed to look at the demands of society, which called for gender equality and progress in education.

She added that: "Apart from talking about a woman's subjugation to her husband and how to give him the best sex, they do not have anything concrete to contribute to society when we are facing many problems."

In essence, the 'obedient wives' perspective on gender comes from a traditional interpretation of Islam, which subscribes to the notion of fixed gender roles. In general, the gender discourse among Muslims in this region still bears a strong domestic/public divide, a practice incongruous with trends of the modern world. Based on a selective reading of certain verses in the Quran and Sunnah, women are discouraged from playing any role outside the domain of the family and household.

In the same vein, the media as well as some religious publications often portray and caricaturizes women in terms of their sexuality, wherein women are expected to please their husbands with their love, affection, looks and charm. Nik Aziz, a veteran religious scholar and the spiritual guide of PAS (Pan-Malaysian Islamic Party), in his book *Bunga Kebahagian* (2007) remarked that women should also reflect on their inadequacies and refine their conduct accordingly should their husbands be stern or wife beaters.

Other prominent Ulama who have held key positions in the religious bureaucracy have also advised that women remain at home and should they leave the house, they should dress and behave appropriately to prevent *fitnah* (acts that may result in sexual enticement).

Arguably, such a discourse might have emerged out of a religious public sphere that is controlled by men seeking to preserve their authority and status, thus marginalizing women's voices as secondary.

However, these ideas have also been propagated by women, even though they appear to serve the interests of men. It is of no surprise that women have been found to support such teachings especially when such an interpretation is conveyed as the immutable and unquestionable 'word of God', thereby rendering any other alternative views as un-Islamic and 'liberal'.

By and large, the dominant religious discourse still promotes conservative interpretations of gender roles. Men are deemed to be naturally suited to public roles including leadership positions, making them the customary leader of the community and the family. Apart from distinctions based on physical attributes, the traditional reading of Islam holds that gender roles are fixed because women are more emotional and men more rational. Therefore, women are considered primarily as caregivers while men's main obligation is to maintain their wives.

But it must be noted that what is often painted as 'Islamic' are the ideas and practices of a society existing centuries ago. This interpretation ignores the underlying principles of Islamic texts and the context in which these texts were revealed. Moreover, alternative traditions and opinions that provide a different reading of Islamic texts and gender roles—as reflected in the writings of contemporary Muslim thinkers such as Asghar Ali Engineer, Tariq Ramadan, Amina Wadud and Khaled Abou El-Fadl—are often dismissed. When supposedly interpreted on universal values, the Quran teaches that the position of guardian or protector is linked to capability rather than gender. El-Fadl in his work *Speaking in God's Name* (2001) pointed out that in most instances where both the husband and wife work, the guardianship role is assumed by both. Hence, these scholars have asserted that the teachings of the 'obedient wives' discourse is based purely on interpretation and, therefore, need not be divinely inspired.

That women have actively participated alongside men in the public sphere throughout Islamic history also counters such gender-biased discourse. An example is that of Queen Balqis, also known as the Queen of Sheba, whom the Quran applauds because of her leadership role (Chandra 1994). During the time of the caliph, Umar, women had been appointed into public leadership positions such as managing the market. Furthermore, there were traditions that proved the Prophet consulting his wife, Umm Salamah, regarding the treaty of Hudaibiyah. This example shows that women during the time of the Prophet had been actively involved in matters outside the traditional confines of the home.

Moreover, the traditional concept of the 'obedient wife' is incongruent with a reality where women are on parity with men in terms of education and workforce participation. In the case of contemporary Malaysia, the ratio of men and women occupying professional, technical, administrative and managerial jobs are almost equal. The fact that the high percentage of women matriculated in Malaysian universities vis-à-vis men dismisses the whole notion that men are 'naturally talented' for leadership positions.

Dichotomizing gender roles in terms of public/domestic divide is not only outdated, but may also be problematic for women and men... Therefore, family-related problems in Malaysia should be understood as a modern phenomenon. Thus, prudence should be exercised when applying practices of the ancient past to the problems of the present.

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Furthermore, dichotomizing gender roles in terms of public/domestic divide is not only outdated, but may also be problematic for both women and men. For instance, it may create unnecessary stress for working women, who may wonder if they should be asking their husbands to help out at home or if their careers are compromising their status as a good wife. On the other hand, it may also put more strain on men, who may feel that, if their wives go out to work, they have failed in their 'religious' obligation to provide maintenance. Therefore, family-related problems in Malaysia should be understood as a modern phenomenon—one that other developing societies are also grappling with. Thus, prudence should be exercised when applying practices of the ancient past to the problems of the present.

REFERENCES

Chandra Muzaffar (1994) "Reformation of Shari'a or Contesting the Historical Role of Ulama?" In *Shari'a Law and The Modern Nation-State*, edited by Norani Othman, pp. 21-26. Kuala Lumpur: Sisters in Islam.

El-Fadl, Khaled Abou (2001) *Speaking in God's Name: Islamic Law, Authority and Women*. England: Oneworld Publications.

Nik Aziz Nik Mat (2007) *Bunga Kebahagiaan*. Selangor: Anbakri Publications.

The Straits Times *(2001)* "Rights groups slam 'Obedient wife' Club". 6 June.

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