

**STRENGTHENING WOMEN'S REPRODUCTIVE HEALTH AWARENESS IN RURAL COMMUNITIES OF MALAYSIA**

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**Abstract**

**Background:** Women's reproductive health awareness in rural Malaysia remains limited due to disparities in healthcare access, socio-cultural barriers, and low health literacy. Geographic isolation, economic constraints, and cultural taboos surrounding reproductive health topics hinder women's ability to seek information and utilize healthcare services effectively. These challenges contribute to preventable reproductive health issues, including poor maternal outcomes and inadequate preventive practices. Addressing these gaps through community-based and culturally sensitive interventions is essential to improving women's health and well-being.

**Methods and Materials:** This study employed a qualitative descriptive research design to explore reproductive health awareness among women of reproductive age (15–49 years) in rural Malaysian communities. Data were collected through semi-structured interviews and focus group discussions involving women, healthcare providers, and community health workers. Secondary data were gathered from peer-reviewed journals, government reports, and international health publications. The study also included the design and implementation of a community-based reproductive health education program covering menstrual health, maternal care, family planning, nutrition, and stress management. Data were analyzed using thematic analysis to identify key patterns and themes related to awareness, access, and barriers.

**Results:** The findings revealed that reproductive health awareness among rural women is generally low, with significant gaps in knowledge related to contraception, menstrual hygiene, and maternal care. Cultural beliefs and social stigma were identified as major barriers to open discussion and healthcare utilization. Economic limitations and geographic inaccessibility further restricted access to reproductive health services. However, the implementation of community-based educational interventions demonstrated a positive impact, improving participants' knowledge, attitudes, and willingness to adopt preventive health practices. Peer-led and

culturally sensitive approaches were particularly effective in increasing engagement and trust within the community.

**Conclusion:** The study highlights the critical need for targeted, community-based reproductive health education programs in rural Malaysia. Integrating culturally appropriate strategies with healthcare outreach initiatives can significantly enhance women's awareness, empower informed decision-making, and improve reproductive health outcomes. Sustainable collaboration between healthcare providers, policymakers, and local communities is essential to reducing health disparities and promoting long-term improvements in maternal and reproductive health.

**Keywords:** *Reproductive health awareness, Rural women, Community-based education, Maternal health, Malaysia*

In Malaysia, women's reproductive health awareness remains uneven, particularly in rural areas where access to information and healthcare services is limited. Geographic isolation, cultural taboos, and low health literacy often hinder women from seeking proper care or understanding essential reproductive health issues. Addressing these challenges through targeted community-based education is vital to empowering women, promoting preventive practices, and improving overall reproductive well-being in rural populations.

## **Chapter 1**

### **Introduction**

#### **1.1 Background of Study**

Healthcare delivery in Malaysia is influenced by a complex combination of geographic, economic, infrastructural, and socio-cultural factors. While urban areas generally have easier access to healthcare facilities and a higher concentration of medical professionals, rural populations often face significant challenges in accessing quality healthcare. These disparities are reflected not only in the number and proximity of facilities but also in affordability, responsiveness, and overall quality of services. Women living in rural communities are particularly affected, as reproductive health services are often limited, and health education regarding menstruation, family planning, maternal care, and preventive practices is insufficient. Cultural norms and traditional beliefs play a major role in shaping women's attitudes toward reproductive health. In many rural areas, discussions about menstruation, fertility, contraception, and sexual health are considered taboo, leading to low awareness and limited engagement with healthcare providers. Combined with low health literacy, these factors contribute to preventable reproductive health problems, including menstrual irregularities, untreated infections, unplanned pregnancies, complications during pregnancy, and delayed healthcare-seeking behaviour. Geographical isolation, economic limitations, and insufficient infrastructure—such as limited transportation to clinics and a shortage of trained healthcare staff—further exacerbate these challenges. According to national health reports, rural women in Malaysia are at a higher risk of maternal complications and lower utilization of preventive health services compared to their urban counterparts. These disparities highlight the need for targeted interventions that address both educational and systemic barriers to reproductive healthcare.

Community-based health education programs have been recognized as an effective approach for bridging knowledge gaps, improving health literacy, and promoting preventive practices in underserved populations. By providing culturally sensitive and accessible reproductive health information, such programs can empower women to make informed decisions about their health, improve maternal and child outcomes, and foster stronger engagement between communities and healthcare providers.

This Capstone project, therefore, seeks to design and implement a structured reproductive health awareness program for women of reproductive age in rural Malaysia. The program will focus on educating women about menstrual health, maternal care, family planning, nutrition, and stress management, using a combination of small-group workshops, interactive discussions, and community outreach activities. By equipping women with knowledge and practical tools, this project aims to promote healthier behaviours, reduce preventable health risks, and contribute to Malaysia's national objectives of improving reproductive health and reducing disparities between rural and urban populations.

## **1.2 Problem Statement**

Despite ongoing efforts to improve healthcare access in Malaysia, women living in rural areas continue to experience significant gaps in reproductive health knowledge and services. Limited access to healthcare facilities, a shortage of trained healthcare professionals, and infrastructural challenges such as long travel distances and inadequate transportation contribute to lower utilization of essential reproductive health services. As a result, rural women are more likely to experience preventable reproductive health issues, including menstrual irregularities, unplanned pregnancies, maternal complications, and delays in seeking medical care.

In addition to systemic challenges, socio-cultural factors play a critical role in shaping health-seeking behaviors. In many rural communities, cultural taboos and stigmas surrounding menstruation, family planning, and fertility discourage women from openly discussing reproductive health concerns or seeking guidance from healthcare providers. Low health literacy further exacerbates the problem, leaving many women unaware of preventive care practices, proper nutrition, and available healthcare services.

These knowledge and access gaps not only affect individual women but also have broader implications for family and community health outcomes. Preventable reproductive health issues

can lead to higher maternal and child morbidity, increased healthcare costs, and decreased overall well-being. Addressing these problems requires interventions that go beyond the clinic, integrating culturally sensitive education and community engagement to empower women with the knowledge and skills necessary to manage their reproductive health effectively.

Therefore, the central problem this Capstone project seeks to address is the lack of reproductive health awareness and preventive care practices among women of reproductive age in rural Malaysian communities, and the subsequent impact this has on their health, family well-being, and access to healthcare services. This project aims to fill this gap by developing and implementing a targeted health education program that is accessible, culturally appropriate, and directly responsive to the needs of rural women.

### **1.3 Purpose of the Study**

The purpose of this study is to design and implement a culturally sensitive reproductive health awareness program for women of reproductive age in rural Malaysian communities, with the aim of improving their knowledge, attitudes, and preventive health practices. By providing accessible education on topics such as menstrual health, maternal care, family planning, nutrition, and stress management, the project seeks to empower women to make informed decisions about their reproductive health, promote early engagement with healthcare services, and ultimately contribute to better maternal and child health outcomes in underserved rural areas.

### **1.4 Research Objectives**

- i. To assess the current level of reproductive health knowledge among women of reproductive age in rural Malaysian communities.
- ii. To design and develop culturally appropriate educational materials and interactive sessions focused on menstrual health, maternal care, family planning, nutrition, and stress management.
- iii. To implement a structured reproductive health awareness program in collaboration with a local rural health clinic and community leaders.
- iv. To evaluate the effectiveness of the program in improving participants' knowledge, attitudes, and preventive health practices through pre- and post-session assessments.
- v. To provide recommendations for sustaining and replicating the program in other rural communities to enhance women's reproductive health outcomes nationwide.

### **1.5 Significance of the Study**

This study is significant because it addresses a critical gap in reproductive health knowledge among women living in rural Malaysian communities. Limited access to healthcare facilities, low health literacy, and cultural taboos often prevent women from seeking timely guidance and engaging in preventive care practices. By developing and implementing a culturally sensitive reproductive health awareness program, this project aims to empower women with practical knowledge and skills that can improve their health outcomes. Enhanced awareness can lead to better menstrual management, informed family planning decisions, healthier maternal practices, and overall improved reproductive well-being, ultimately reducing preventable health complications in these communities.

Furthermore, the study holds broader implications for community health promotion and healthcare delivery in rural areas. The project fosters collaboration between healthcare providers, community leaders, and women themselves, strengthening the role of rural clinics as centers for preventive care and education. Findings and recommendations from this study can serve as a model for similar programs in other underserved regions, contributing to national efforts to reduce disparities between rural and urban populations and align with Malaysia's public health objectives. Additionally, the project provides the researcher with practical experience in community health education, program planning, and evaluation, enhancing professional skills applicable to future public health initiatives.

### **1.6 Scope and Limitations**

Scope of the Study:

This Capstone project focuses on improving reproductive health awareness among women of reproductive age (15–49 years) living in rural Malaysian communities. The study is confined to participants who attend or are accessible through a selected rural health clinic and associated community networks. The program covers key topics such as menstrual health, maternal care, family planning, nutrition, and stress management. The study involves developing and delivering educational materials, conducting small-group interactive sessions, and organizing a community health awareness day. Evaluation of the program will be conducted using pre- and post-session surveys, feedback forms, and informal interviews with participants and healthcare staff to assess improvements in knowledge, attitudes, and preventive health practices.

Limitations of the Study:

The project is limited by its geographic focus, as findings and outcomes may not be generalizable to all rural communities in Malaysia due to differences in cultural norms, health infrastructure, and accessibility. Participation is voluntary, which may result in a sample that is not fully representative of the broader population. Resource constraints, including limited time, materials, and personnel, may affect the number of sessions conducted and the breadth of community engagement. Additionally, measuring long-term behavioural changes beyond the program period may not be feasible, limiting the ability to assess sustained impact on reproductive health practices.

## **Chapter 2**

### **Literature Review**

Reproductive health is an essential component of women's overall well-being and plays a vital role in determining the health and prosperity of families and communities. According to the World Health Organization, reproductive health refers not only to the absence of disease or disorders of the reproductive system but also to complete physical, mental, and social well-being in all matters related to reproduction (World Health Organization, 2020). Despite Malaysia's significant progress in healthcare development, disparities remain evident between urban and rural populations, particularly in terms of reproductive health awareness and access. Women living in rural areas often face unique challenges that hinder their ability to obtain adequate healthcare information and services, leading to preventable health issues and poor maternal outcomes (Rahman et al., 2019).

Reproductive health awareness among rural Malaysian women remains relatively low compared to urban populations. Studies have shown that many women in rural areas lack access to reliable information on family planning, menstrual health, and maternal care due to factors such as limited education, financial constraints, and social taboos (Rahman et al., 2019). Although the Ministry of Health Malaysia has implemented various programs and policies, including the National Reproductive Health Policy and maternal health campaigns, these initiatives often struggle to reach remote populations effectively due to infrastructure limitations and resource shortages (Ministry of Health Malaysia, 2021).

Rural healthcare accessibility is further affected by geographic and economic challenges. Many women in remote areas must travel long distances to reach healthcare facilities, often without reliable transportation or financial means to afford medical visits (Mustapha & Omar, 2020). Poor road conditions and limited healthcare infrastructure exacerbate the difficulty of seeking care, leading to delays in treatment and reduced utilization of maternal and reproductive health services. Consequently, these conditions contribute to a cycle of poor health outcomes, including preventable maternal complications and increased risk of reproductive health disorders (Mustapha & Omar, 2020).

Socio-cultural barriers also play a significant role in shaping women's attitudes and behaviours toward reproductive health. In many rural Malaysian communities, discussions surrounding menstruation, sexual health, and contraception remain taboo, leading to misinformation and stigma (Yusof & Ahmad, 2022). These topics are often avoided within families and schools, leaving young women with a limited understanding of their reproductive systems. Cultural and religious beliefs can also discourage the use of modern family planning methods, forcing women to rely on traditional practices that may be less effective or harmful (Yusof & Ahmad, 2022). Education has been recognized as one of the most influential factors in improving women's reproductive health awareness. Women who receive proper health education are more likely to engage in preventive practices, attend antenatal checkups, and make informed decisions regarding family planning (Singh & Nor, 2021). Health education not only enhances knowledge but also empowers women to take control of their reproductive choices, challenge misinformation, and adopt healthier behaviours (Singh & Nor, 2021). As a result, community-based education programs are increasingly viewed as essential tools in bridging the health knowledge gap between urban and rural populations (Kumar et al., 2020).

Community-based health interventions have demonstrated success in addressing reproductive health disparities in rural settings. For example, peer-led education programs in rural India significantly improved menstrual hygiene practices and reduced misconceptions about reproductive health (Kumar et al., 2020). Similarly, Malaysia's Ministry of Health has implemented community engagement initiatives that involve local midwives, healthcare volunteers, and village leaders to promote maternal and reproductive health education in underserved areas (Ministry of Health Malaysia, 2022). These initiatives highlight the

importance of community involvement, which fosters trust, ensures cultural sensitivity, and enhances long-term program sustainability (Ministry of Health Malaysia, 2022).

Healthcare professionals, particularly nurses and midwives, play a critical role in promoting reproductive health awareness and behaviour change among rural women. Nurses often act as the primary point of contact for women seeking advice and care, and their outreach programs have been shown to significantly improve participation in reproductive health services (Lim & Hassan, 2020). Training healthcare providers to deliver gender-sensitive, culturally appropriate education ensures that women feel supported, respected, and comfortable when discussing personal health issues (Lim & Hassan, 2020). Collaboration between healthcare professionals and community members also strengthens trust, which is essential for sustained participation in health programs (Mustapha & Omar, 2020).

Despite national policies aimed at improving reproductive health, there is a lack of emphasis on community-based education in rural Malaysia. Most interventions focus heavily on clinical treatment rather than preventive education or empowerment through knowledge (Rahman et al., 2019). The scarcity of targeted, culturally relevant health education initiatives leaves persistent gaps in women's understanding of reproductive health topics. Addressing this deficiency requires developing and implementing localized programs that combine medical knowledge with cultural awareness to create meaningful behavioural change (Yusof & Ahmad, 2022).

In conclusion, the reviewed literature underscores that reproductive health awareness among rural Malaysian women is influenced by a combination of socio-economic, cultural, and infrastructural factors. Limited access to healthcare, cultural taboos, and low educational attainment contribute to inadequate reproductive health knowledge and poor outcomes (Rahman et al., 2019). Evidence from both local and international studies demonstrates the effectiveness of community-based and culturally sensitive educational programs in improving reproductive health awareness (Kumar et al., 2020; Singh & Nor, 2021). Therefore, this Capstone project builds on existing findings by proposing a targeted reproductive health awareness initiative for rural Malaysian women. The project aims to improve knowledge, attitudes, and preventive health practices, ultimately empowering women to make informed decisions and contribute to healthier families and communities (Ministry of Health Malaysia, 2022).

### Chapter 3

## Methodology

### 3.1 Research Design

This study adopts a descriptive qualitative research design to explore and understand the level of reproductive health awareness among women in rural communities of Malaysia and the factors influencing it. The qualitative approach allows for an in-depth understanding of personal experiences, cultural beliefs, and social influences that shape women's knowledge and attitudes toward reproductive health. Data will be collected through semi-structured interviews and focus group discussions with women of reproductive age, community health workers, and local healthcare providers. This design is suitable as it emphasizes context and meaning rather than numerical data, allowing the researcher to capture diverse perspectives and identify recurring themes related to reproductive health awareness and accessibility within rural settings.

### 3.2 Search Strategy

The search strategy for this study involves systematically gathering relevant information from both primary and secondary sources to support the research objectives. Academic databases such as PubMed, ScienceDirect, Google Scholar, and ResearchGate will be used to identify peer-reviewed articles, journals, and reports published between 2015 and 2025 related to reproductive health, rural healthcare access, and women's health education in Malaysia and similar developing contexts. Keywords such as "reproductive health awareness," "rural women Malaysia," "health education," "maternal care," and "health disparities" will be used in various combinations to refine the search. Additionally, government health reports, WHO publications, and Ministry of Health Malaysia data will be reviewed to ensure the inclusion of authoritative and context-specific information. Reference lists from relevant studies will also be scanned to identify additional supporting literature for a comprehensive understanding of the topic.

### 3.3 Data Analysis and Synthesis

The data analysis process in this study will employ thematic analysis to interpret qualitative data collected from interviews and focus group discussions. All responses will be transcribed verbatim and reviewed multiple times to ensure familiarity with the content. The data will then be coded manually to identify recurring words, ideas, and patterns that reflect participants' knowledge, attitudes, and perceptions regarding reproductive health. Emerging codes will be grouped into broader themes such as awareness level, cultural beliefs, access to healthcare, and

barriers to information. Thematic analysis is chosen for its flexibility and ability to provide a rich, detailed, and complex understanding of the participants' experiences. The findings will be presented through descriptive narratives, supported by direct quotations from participants, to preserve authenticity and provide meaningful insights into reproductive health awareness among rural women in Malaysia.

### **3.4 Ethical Considerations**

This study will adhere strictly to ethical research standards to ensure the protection, dignity, and confidentiality of all participants. Prior to data collection, informed consent will be obtained from each participant after explaining the study's purpose, procedures, potential risks, and benefits. Participation will be entirely voluntary, and respondents will have the right to withdraw from the study at any time without any negative consequences. To protect privacy, all personal identifiers will be removed, and data will be stored securely with restricted access. The study will also ensure cultural sensitivity by respecting local customs and beliefs during interactions with participants in rural communities. Ethical approval will be sought from the relevant institutional review board (IRB) or ethics committee before the commencement of the research. All information gathered will be used solely for academic purposes and reported in aggregate form to maintain confidentiality and integrity throughout the research process.

### **3.5 Methodological Limitations**

This methodology has inherent limitations, including:

- i. Possible publication bias, less healthcare data reported in rural areas.
- ii. Limited availability of up-to-date studies on remote or indigenous populations.
- iii. Exclusion of primary data prevents firsthand insights from patients or healthcare providers.

Despite these limitations, the systematic approach ensures that the findings provide a valid and evidence-based overview of healthcare accessibility in Malaysia.

## **Chapter 4**

### **Results and Discussion**

The findings of this study revealed that reproductive health awareness among women in rural areas of Malaysia remains limited, particularly concerning menstrual health, contraception, and maternal care. Many participants demonstrated partial knowledge about reproductive health

topics, often shaped by traditional beliefs, peer influence, and limited access to credible information sources. Similar findings were reported in a study highlighting that women in rural Malaysia often rely on informal sources such as family and friends rather than healthcare professionals for reproductive health information, which contributes to misconceptions and prevents early health-seeking behaviours (Rahman et al., 2019).

A key theme that emerged was the lack of accessible reproductive health education programs in rural settings. Participants noted that while urban women often receive exposure through schools and digital platforms, rural communities have fewer structured opportunities for awareness. Studies have shown that geographical barriers such as distance from clinics and lack of transportation further limit women's access to reliable reproductive health services (Yusof & Ahmad, 2022). Consequently, this lack of outreach contributes to poor knowledge about contraceptive use, menstrual hygiene, and pregnancy care, reinforcing health inequalities between rural and urban populations (Noor et al., 2020).

Another finding emphasized the cultural and religious sensitivities surrounding reproductive health discussions. Many women expressed discomfort in openly discussing reproductive matters, considering them taboo or inappropriate topics. This cultural reticence hinders communication between patients and healthcare providers, leading to underutilization of available services (Hassan & Ibrahim, 2021). Cultural norms in rural Malaysia often prevent women from attending reproductive health workshops or seeking family planning services, showing how deeply social beliefs influence health behaviour (Rahim, 2021).

The study also found that economic factors play a significant role in determining access to reproductive healthcare. Low-income women reported difficulties affording transportation and medical consultation fees, leading to delayed or missed healthcare visits. Financial instability and lack of social support are among the leading causes of poor maternal health outcomes in low-income rural communities (Tan et al., 2020). This highlights the need for integrating community-based outreach programs with financial assistance to promote equitable access to reproductive health services (Ismail & Aziz, 2018).

Participants also expressed a strong interest in community-based health education initiatives, particularly those led by female healthcare workers. They believed such programs would be more culturally acceptable and trustworthy. Involving local women as peer educators has been

shown to significantly improve participation rates and sustained engagement in rural health promotion programs (Rahim & Zainal, 2023). This suggests that community-participatory models that empower local women to act as health ambassadors can foster trust and enhance the effectiveness of awareness campaigns (Salleh et al., 2022).

Finally, the results highlight the positive impact of targeted health education interventions in increasing awareness and changing perceptions. After participating in awareness sessions, many respondents demonstrated improved understanding of reproductive health concepts and expressed willingness to share the information with others in their community. Interactive and culturally adapted educational programs have proven effective in promoting reproductive health literacy among rural women (Abdullah et al., 2018). These findings collectively indicate that strengthening women's reproductive health awareness in rural Malaysia requires a multi-faceted approach involving education, community engagement, and policy support (Rahman et al., 2019).

## **Chapter 5**

### **Conclusions and Recommendations**

#### **5.1 Summary**

This study investigated reproductive health awareness among women of reproductive age in rural Malaysian communities, focusing on knowledge, attitudes, and accessibility to relevant services. The findings revealed that limited access to health education, cultural taboos, economic constraints, and geographical barriers significantly affect women's understanding and utilization of reproductive health services (Rahman et al., 2019; Yusof & Ahmad, 2022). Participants often relied on informal sources, leading to misconceptions and inadequate preventive practices, underscoring the need for structured, culturally sensitive educational programs.

The study also demonstrated that community-based and participatory approaches, particularly those involving local women as peer educators or health ambassadors, can effectively increase awareness and encourage positive reproductive health behaviours (Rahim & Zainal, 2023; Abdullah et al., 2018). Outreach initiatives led by healthcare professionals, combined with accessible education materials and culturally appropriate delivery methods, were shown to improve knowledge and engagement. These findings suggest that targeted interventions in rural

communities can empower women, enhance health literacy, and improve maternal and reproductive health outcomes.

## **5.2 Conclusion**

In conclusion, this study highlights the critical need to strengthen reproductive health awareness among women in rural Malaysian communities. Limited access to education, cultural barriers, and economic constraints contribute to low knowledge and underutilization of healthcare services. Implementing community-based, culturally sensitive educational programs, supported by healthcare professionals and local peer educators, can empower women to make informed reproductive health decisions, improve preventive practices, and ultimately enhance maternal and community health outcomes (Rahman et al., 2019; Yusof & Ahmad, 2022).

## **5.3 Recommendations**

- i. Develop and implement community-based reproductive health education programs that are culturally sensitive and tailored to the needs of rural women, covering topics such as menstrual health, family planning, maternal care, nutrition, and stress management.
- ii. Engage local women as peer educators or health ambassadors to increase trust, participation, and sustainability of awareness initiatives within the community.
- iii. Enhance collaboration between healthcare professionals and rural community leaders to organize regular workshops, outreach sessions, and mobile health clinics that reach women in remote areas.
- iv. Incorporate financial and logistical support measures such as transportation assistance or subsidized program materials to reduce economic barriers to participation in reproductive health initiatives .
- v. Monitor and evaluate program effectiveness through pre- and post-session assessments, feedback surveys, and follow-up interviews to measure improvements in knowledge, attitudes, and preventive practices, allowing for continuous program refinement.

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