POLYVICTIMISATION: EXPERIENCE OF WOMEN CONVICTED OF FILICIDE IN MALAYSIA

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ABSTRACT

Filicide in Malaysia has, in recent years, been subjected to a very short sighted restricted analysis that is based on the investigation of secondary data sources and confounded by gender stereotypes. Typically, young women and girls who are naïve, under-informed about sexuality, and insufficiently religious are depicted as the "perpetrator". This research sought to understand filicide from a primary data source by exploring the experiences of women who were convicted of filicide. In-depth interviews were conducted in person with nine eligible and consenting women convicted of filicide related sentences who were incarcerated in prisons or forensic psychiatric institutions in this country.

Women described that others were implicated in the crime and that they had experienced lifelong violence. Women suffered from indirect violence (social inequalities, isolation, abandonment, and marginalisation) to direct violence (oppression and polyvictimisation - social, economic, sexual, psychological and physical violence). Women revealed the pervasive harm of violence against women and children and its link to filicide. Evidence on filicide should be informed by comprehensive analyses which include opinions and perspectives of the convicted women. Eradication of violence against women and children should be part of the intervention to tackle filicide.

Field of Research:  Filicide, infanticide, polyvictimisation, violence against women, violence against children

1. Introduction

“Baby died, slashed by mom” (Sinar Harian, 4 February, 2017), “Woman jailed 20 months - Irresponsible act of a woman who hid the birth of a baby by throwing it in the trash at the end of last year, backfired when she was sentenced to 20 months' imprisonment by the Magistrate's Court here today” (Utusan Malaysia, 25 January 2017). These newspaper clippings are examples of stories of filicide in Malaysia. Informed by such stories, many would conclude that women are responsible and that they might be bad, sad or mad. But, have we got it right?

After almost two decades of studying these women’s cases, we realized that no one had ever really talked to them. Many had told their stories for them - experts, journalists, lawyers – but no one had ever asked the women if these stories had gotten it right, or even whether they had some thoughts of their own on what had gone wrong.

(Oberman & Meyer, 2008) p.1
Inspired by the work of Oberman and her colleagues, I started to investigate the predicament of women who convicted of filicide. Here, I write this paper to create awareness that some of the women convicted of filicide are also victims of multiple violence or polyvictimisation. My knowledge regarding filicide and polyvictimisation is informed by my daily routine work as a psychiatrist who has a special interest in women mental health, my doctoral research to understand filicide by women in Malaysia and my collaborative work with other professionals in women mental health locally and internationally. In order to understand maternal filicide, I reviewed local newspaper articles on infant abandonment and infanticide with my colleagues (Razali, Syed Ahmad Almashoor, Yusoff, & Hassan Basri, 2016). Further, in collaboration with other consultant forensic psychiatrists from Ministry of Health Malaysia, we reviewed medical and forensic records of women who had committed filicide from 2000-2012 in two main forensic psychiatry institutions in Malaysia; Hospital Bahagia and Hospital Permai (Razali, Salleh, Yahya, & Ahmad, 2015). As part of my doctoral research, I also managed to review police records on infant abandonment and infanticide in Malaysia from 1999 until 2011 (Razali, 2015; Razali, Kirkman, Ahmad, & Fisher, 2014) and I managed to interview personally service providers related to filicide and explored experiences of nine women who were incarcerated in prisons or hospitalised in forensic psychiatric hospitals for their involvement in filicide (Razali, 2015). This article will focus more on violence and multiple victimisation experienced by those women. This paper is organised as follows. I will start with describing briefly the concept of violence and polyvictimisation and then discussing on filicide and its causes. Then, I will illustrate further of how the women who were trapped within multiple violence could be accused of committing filicide.

2. Filicide, Infanticide, Neonaticide and Infant abandonment

Literally, filicide is an act when a parent kills his/her own child. The term filicide is often overlapped with “neonaticide” or the killing of a newborn in the first 24 hours of life and “infanticide” or the killing of an infant aged less than a year (Resnick, 1969, 1970). In Malaysia, these phenomena are often related to infant abandonment - placing the infant (most often newborn) at an inappropriate place which increases his/her chance to die of neglect or exposure (Razali et al., 2014).

Filicide, infanticide, neonaticide and infant abandonment are major social issues in this country. The rates of infant abandonment were estimated to be fluctuated between 12.8 and 17.5 per 100,000 live births, whereas infanticide rates fluctuated between 4.8 to 9.1 per 100,000 live births (Razali et al., 2014). These rates were moderate compared to more developed countries (such as the United Kingdom, the United States, Australia, New Zealand and Finland ) which had lesser rates - between 0.8 and 6.9 per 100,000 live birth, but the rates were lower than India and China which had doubled rates of infanticide than Malaysia (Porter & Gavin, 2010; Reza, Mercy, & Krug, 2001).

Filicide occurs as a result of various factors (Razali, 2015). At individual level, analysis of discourse of filicide from media perspectives in Malaysia indicated that many put responsibility of filicide to young people in particular women and girls who practiced sex outside of marriage, conceived an illegitimate child and ultimately abandoned or killed their unwanted newborn immediately after birth (Razali, Syed Ahmad Almashoor, et al., 2016). They were perceived as naïve, have poor religious knowledge and practices, and lack of sexuality education(Razali, Kirkman, & Fisher, 2016). Many believed women who committed infant abandonment or neonaticide have no major mental illness, unlike those who committed filicide of older children (Friedman & Resnick, 2007; Porter & Gavin, 2010). Psychiatric disorders or psychological disturbances such as psychotic
disturbances (schizophrenia and postpartum psychosis), mood disturbances (major depression, suicidal behavior), minor psychiatric disturbances (dissociative disorder, posttraumatic disorders, denial and concealment of pregnancy), drugs or alcohol abuse, and personality disorders have been documented to increase risk for filicide, infanticide or neonaticide (Friedman, Horwitz, & Resnick, 2005; Friedman & Resnick, 2007; Porter & Gavin, 2010). In other countries such as India and China, the newborns may also become the victims of filicide because of their sex of being female, or having severe physical or mental illnesses (Razali, 2015). At distal level, filicide has been proposed to occur as a result of economic disparity, social and gender inequality as well as poor support system (Brinda, Rajkumar, & Enemark, 2015; Razali, 2015). It was argued that these inequalities created hurdles for accessing services in particular services vital for the prevention of filicide such as sexuality education, contraception, and fertility management, and mental health awareness and management (Razali, 2015).

3. Violence and Polyvictimisation

In the World Report on Violence and Health, 2002, World Health Organization (WHO) defined violence as, “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (p.5). In this definition, according to WHO, the “use of power” includes the act of neglect and all types of physical, sexual and psychological abuse, as well as suicide and other self-abusive acts.

Further, violence can be categorised into three groups: self-directed violence, interpersonal violence, and collective violence. Self-directed violence includes suicidal behaviour (such as suicidal thoughts, suicide attempt or parasuicide) and self-abuse (such as self-mutilation). Interpersonal violence can be divided into family and interpersonal violence (such as child abuse, intimate partner violence, and elder abuse) and community violence (such as youth violence, random acts of violence, sexual assault by strangers, and violence in institutional settings such as schools, workplaces, prisons and nursing homes). Lastly is collective violence; that can be divided into social, political and economic violence. These include for examples terrorist acts, mob violence, war, conflict, and economic fragmentation or segmentation. Collective violence is almost similar to the description of "indirect violence or structural violence" introduced by Johan Galtung (1969). It indicates systematic harm or violence introduced by a group of people or states that deny equal distribution of resources and unequivocal social treatment to another group of people or individual. It points to a form of violence as a result of social injustice wherein “some social structure or social institution may harm people by preventing them from meeting their basic needs” (Galtung, 1969).

Since this new millennia, the term “polyvictimisation” or experiencing multiple violence has been discussed by many experts in violence following a comprehensive nationwide survey in the United State of the incidence and prevalence of children’s exposure to violence; National Survey of Children’s Exposure to Violence (NatSCEV). The study revealed that about 60 percent of the children surveyed were exposed to violence within the past year. The same child can experience different types of direct victimization (such as bully, assault, sexual victimisation and child maltreatment) or indirect victimisation (such witnessing domestic violence, economic deprivation). The survey indicated that violence and victimization can occur in early infancy extended to older adolescense and it becomes more complex as the child grew older. Polyvictimisation were common that about eighteen percent of the children experienced four or more different kinds of victimization in the
most recent year (Finkelhor, Ormrod, & Turner, 2007) and eight percent of all youth from NatSCEV samples had seven or more different kinds of exposures to violence, crime, and abuse in the past year (Finkelhor, Turner, Hamby, & Ormrod, 2011). The experience of victimisation and exposure to violence are complex. They often interconnected which each other making an intricate connection described by experts as a “web of violence” (Renvoize, 1978; Turpin & Kurtz, 1997).

Violence and victimisation give rise to various immediate and long-term effects. Victims of violence have been demonstrated by large epidemiological studies; Adverse Childhood Experiences (ACEs) to be at risk of immediate as well as later psychological disturbances - such as, depression, posttraumatic stress disorder, suicidal behaviours, and psychotic disorders; health risk behaviours - such as smoking, obesity, inappropriate sexual behaviours and alcoholism; and chronic physical diseases – such as coronary heart disease, liver disease, autoimmune diseases and lung diseases (Center for Disease Control and Prevention, 2016).

4. Methods

Filicide research has drawn predominantly from existing data such as coronial, police or legal records, forensic psychiatric records, newspapers, or birth or death certificates (Friedman et al., 2005; Friedman & Resnick, 2007; Porter & Gavin, 2010; Razali, 2015). The use of existing data might have limitations. The existing data may not capture detailed information on filicide, because the process of gathering the data is often not designed to answer research questions or aims. Very few researchers have investigated filicide by collecting primary research data such as gathering data directly from the perpetrator of filicide. Therefore, current available data may not comprehensive enough to describe the true phenomenon of filicide. Hence, in order to understand filicide from the primary perspective, I interviewed all eligible women who had been convicted of filicide. Inclusion criteria include women whom at the time of the study had been convicted with filicide related sentences, serving the punishment either in prisons or forensic psychiatric hospitals, had the mental capacity to give informed consent and to be interviewed in Bahasa Malaysia or English. In order to minimize intrusion to judicial process and to avoid legal implications to the researchers and the researched, women at the time of study who were still undergoing trials or proceedings were excluded from the study. The accounts of the women were audiotaped and later transcribed. Accounts related to polyvictimisation were discussed and presented in this article.

5. Results

Initially, 11 women fulfilled the criteria, but one discharged from the hospital before the interview and one refused for the interview. A total of nine women were enrolled and interviewed face-to-face. Eight women were incarcerated in the female division of five prisons in Malaysia (Penjara Kluang, Penjara Tapah, Penjara Kajang, Penjara Pengkalan Chepa and Penjara Sungai Udang) and one hospitalised in Hospital Bahagia Ulu Kinta. Table 1 summarised the histories related to their polyvictimisation.
5.1 Childhood adversities

Women convicted of filicide described of experiencing multiple types of victimisation during their childhood life including neglect, poverty and early involvement in the labour market. Most of them had lost their parents due to divorce, separation or death, resulting in them being brought up by a step-parent, grandparents or another member of the extended family. Despite living with others which functioned as ‘surrogate’ parents, most of the women perceived lack of proper love and guidance from those guardians or caregivers. Living in poverty and financial difficulties without proper structural support from authorities were other important elements experienced by those women. Poverty had limited their chance of receiving an adequate education. A few only managed to finish their education until 16 years old and stopped studying after mid secondary examination. Without adequate education, a few of those women at the young age started working as a cleaner, waitress or other low-waged occupation. They had to contribute financially to their family economy while making the transition from adolescence to young adulthood. During this period of development, most women convicted of filicide perceived that they were neglected and received inadequate financial, physical and emotional support.
<table>
<thead>
<tr>
<th>Woman/ Age of offence/filicide related history</th>
<th>Childhood History</th>
<th>Marital/Sexual History</th>
<th>Physical History</th>
<th>Psychological History</th>
<th>Economic History</th>
<th>Social History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mdm A / 17+ years old/Threw her newborn out of a building</td>
<td>Poverty</td>
<td>Raped by supervisor at 16+</td>
<td>X</td>
<td>Poor emotional support from parents and family</td>
<td>Poverty</td>
<td>Poor support from mother despite informing about her pregnancy</td>
</tr>
<tr>
<td>Mdm B / 22 years old/Concealed her stillbirth newborn</td>
<td>Parents with permissive parenting style, allowing her to have intimate relationship with partner at home</td>
<td>Abandoned by her partner following her illegitimate pregnancy</td>
<td>X</td>
<td>Poor emotional support from partner, parents, and family</td>
<td>Poor financial support from parents</td>
<td>Superior who was a doctor in public health clinic not aware of her illegitimate pregnancy</td>
</tr>
<tr>
<td>Mdm C / 23 years old/Stifled her newborn till death</td>
<td>Disowned by family because of illegitimate pregnancy</td>
<td>Forced marriage with a drug addicted partner</td>
<td>Physically abused by violent drug addicted spouse</td>
<td>Emotionally abused by her violent drug addicted spouse</td>
<td>Poor financial support from spouse</td>
<td>Parents and family were unaware of her pregnancy despite living together</td>
</tr>
<tr>
<td>Mdm D/27 years old/Discarded her stillbirth newborn in the bush</td>
<td>Poverty</td>
<td>Abandoned by her new partner following illegitimate pregnancy</td>
<td>X</td>
<td>Immigrant with poor emotional support from friends</td>
<td>Immigrant with financial insecurity</td>
<td>Roommate ran away when seeing her giving birth</td>
</tr>
<tr>
<td>Mdm E/27 years old/Co-murderer of her stepdaughter</td>
<td>x</td>
<td>Forced marriage with a married man</td>
<td>Physically abused by her violent spouse</td>
<td>Emotionally abused by her violent drug addicted spouse</td>
<td>Forced to be a guarantor for illegal debt</td>
<td>Held captive by her spouse in his house</td>
</tr>
<tr>
<td>Mdm F/27 years old/Abetting filicide committed by her partner</td>
<td>Disowned by family because of illegitimate pregnancy</td>
<td>Cohabitating with drug addicted partner</td>
<td>Physically abused by violent drug addicted spouse</td>
<td>Emotionally abused by violent drug addicted spouse</td>
<td>Poor financial support from drug addicted spouse</td>
<td>Held captive by her partner in his house</td>
</tr>
<tr>
<td>Mdm G/32 years old/Dropped her baby while influenced by auditory hallucination</td>
<td>x</td>
<td>Forced marriage with a divorcee</td>
<td>X</td>
<td>Poor emotional support from partner</td>
<td>Forced to stop working</td>
<td>Poor social support from spouse, parents, and family</td>
</tr>
<tr>
<td>Mdm H/34 years old/Suffocated her baby while influenced by auditory hallucination</td>
<td>Poverty</td>
<td>Married with a drug addicted partner was not blessed by family</td>
<td>Physically abused by her violent drug addicted spouse</td>
<td>Emotionally abused by violent drug addicted spouse</td>
<td>Poverty</td>
<td>Poor social support from spouse, parents, and family</td>
</tr>
<tr>
<td>Mdm I/43 years old/Caused fatal child abuse</td>
<td>Marital discord</td>
<td>X</td>
<td>Had major depressive disorder</td>
<td>x</td>
<td>Poor social support from spouse</td>
<td>Poor social support from spouse</td>
</tr>
</tbody>
</table>

Table 1: History of women convicted of filicide

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X = no remarkable history
5.2 Sexual abuse

Women who were convicted of filicide described of being the victim of sexual assault, either being rape – in particular, acquaintance rape or having forced sexual relationship with their partner/spouse. At their middle teenage life, because of limited job opportunity, the women had to migrate from their village to suburban or urban areas. For example, Mdm A started to work as a cleaner when she was 16 years old. She did not expect to be exploited by her supervisor; she was drugged and raped by him. She described:

At one point I didn’t realise that what I did was wrong. One day, he gave me a drink. I believe that he put pills in the drink. It was mixed with coke. I was thirsty and I drank. I felt as if I was influenced by a devil. I was raped that day.

(Mdm A)

Without agency and with poor support from her family, Mdm A kept the rape incident secret and did not report it to the police. As a result of the rape, she became pregnant. However, Mdm A developed denial of pregnancy. She later gave birth to the unwanted baby and had no choice but to abandon her at a bush.

5.3 Physical abuse

Six of the women, I interviewed had experienced being trapped by their violent husband/partner. They were abused physically and mentally. Most of the women described in detail their suffering from living with their violent husband/partner. For example, while crying, Mdm E said:

He dragged me onto the floor. He sat on me. He forcefully beat me. Then, I tried to run away. But he kept pulling me. He dragged me until my clothes were torn off. I was naked in front of the children.

(Mdm E)

Mdm G also experienced similar abuse, she described, “He often came back, angry at me. He slapped me and he strangled me!” The abuse continued even when the women were pregnant, as described by Mdm C:

He treated me badly. He said I was a whore. When I wanted to run away from him, he dragged me. Thank God, my neighbours came and helped me. He stepped on me and he said, “Here, this is my love to you!” He even beat me when I was pregnant.

(Mdm C)
In most cases, the violent spouse’s victims included the children as well as the woman. As described by Mdm F:

*After 3 months staying with him, he started to beat me. He abused me. He came back, he beat me. He beat my kids. He scolded me whenever he came back. I was scared! Scared of him. He would kill me*  
(Mdm F)

### 5.4 Psychological disturbances and abuse

Women’s suffering from being victims of violence and later experiencing the loss of their baby or child had manifested possible dissociative experiences, panic attack, depression or psychosis. The women convicted of neonaticide also manifested with various level of denial of pregnancy. The stresses of having unwanted pregnancy were repressed until a few women were not fully aware of their pregnancy. The psychological distress continued until the day they were giving birth to the unwanted baby. From the narratives of Mdm A-D, during the labour, they obviously developed severe panic attack and experienced a few phenomena which might indicate a dissociative phenomenon. They had patchy amnesia, *la belle indifference* or ‘an apparent lack of concern’ and described their state of mind at the time of the alleged filicide as ‘berserabut atau kucar-kacir’ or ‘twisted, entangled and confused mind’. This was obviously seen manifested by Mdm A. While having these panic and dissociative symptoms, without a clear mind, the women had abandoned or killed their newborn. Further, in my interview with the women convicted of filicide, almost half of the women had depression. The psychological stress that they experienced following life difficulties and abuses by their spouse/partners precipitated major depression. As the stress continued, filicide might occur when the women had auditory hallucination instructing them to kill their infant (Mdm G and H) or had uncontrolled anger or impulsive behaviour (Mdm E and I).

### 5.5 Economic abuse

Most of the women received no financial support from their abusive drug-addicted partner/spouse. The women had to assume both roles; as a father and mother to their children. Women had to bring up their children alone, work hard to meet their financial needs, look after their sick child and shoulder many more responsibilities of parents alone, without support from their spouse. Despite living in poverty, all women had never received any allowance or benefits that they entitled to from the authorities. For other women, the stories of social abuse were described from different perspectives. They perceived that their spouse/partner imposed significant controlling and limiting behaviour to prevent women from getting access to financial resources. For example, Mdm G shared her experiences:

*I asked whether I can work or not? At first my husband said I can work. Then, I married him. After we were married, I was not allowed to work. After that, nobody looked after my shop…. Then I said, “I also didn’t know what to do because I was already married to my husband. I wanted to sell the shop”. My parents sold it because my husband didn’t allow me! [He] didn’t allow me to go back to my village [where the shop is]. [He wanted me to] just stay at home*  
(Mdm G)
From the accounts of other women, evidence of interference for accessing continuous education, job training, and the ability to find and keep a job was evident. Women were prevented from being self-sufficient and gaining financial independence.

**5.6 Social abuse**

Women convicted of filicide experienced social abuse in the form of subjugation, restriction of movement, marginalisation, social isolation, poor support, and stigma. Long before the incidence of filicide, women perceived that they were treated inferior and had lost their autonomy and freedom. They described male members of their family, such as their father and husband, as being too dominant and overprotective. For example, Mdm G, who had obtained tertiary level training and became an independent woman who owned a business described her stress of living in such an environment. After marriage, her overprotective husband forced her to confine herself exclusively to a traditional domestic life. Restriction of movement was very severe until the women perceived that they were held captive in their own home. As described by Mdm E; “I could not go anywhere. My entire belongings; hand phone, my bags and my IC (Identification Card) were with him”. Mdm F also described similar circumstances of being trapped in the house; “He locked me in my house. I was not allowed to go out. He took my handset. He kept the key with him”. The women were also subjected to various threats, including death. For example, Mdm E was used by her spouse to borrow money from a group of dangerous illegal creditors, and she was threatened with being traded and killed. She said:

> He said, "If you try to go out, I'll call my friend". To do something to me! Sell me! One more thing, during Raya [the Muslim festival] he used my name to borrow some money from Ah-long or Loan shark [illegal creditor]! He was not working at that time. Because it was Raya, [he needed money to prepare for the Raya celebration] for the kids. There were two to three Ah-ongs. They had sent messages to kill me if they bumped into me.  

*(Mdm E)*

The narrative of social abuse continues when women relating their experience of being marginalised, isolated and receiving poor support. They felt being stigmatised and harboured a feeling of fear and shame of having illegitimate pregnancy, newborn or child. These negative perceptions not only experienced by women convicted for infant abandonment or neonaticide, but also those who were the victims of intimate partner violence. Women received lack of support from all levels of society. When the women requested help, neither friends nor neighbours came to assist. Evidence of poor support from parents and family was obvious. Most of the family of these women rejected and disowned them, forcing the women to continue the hardship in life alone. One woman, Mdm A ventilated her disappointment with her mother because she refused to help, living her to give birth alone. Mdm A who informed her mother regarding the labour said, “That thing wanted to come out. I telephoned my mother. It was already 12 midnight. The mother said, ‘Don’t call, pray a lot’. I threw my hand phone!” Living with friends did not guarantee that they may help those women. For example, Mdm D’s housemate left her alone when seeing her in labour, without showing any concern or attempting to help her. With disappointment, Mdm D said, “My friend was there. I thought she could help me. But she was afraid. So I gave birth (alone) by myself”.

These women were isolated from their surrounding community too. One of the women said she called for help with a hope that her neighbour would come, but there was no response. She said, "I was alone at home. Nobody came to help me. I shouted, but nobody came to help me". At their workplace, the story was the same; nobody showed care or concern about their pregnancy or their life experiences. Despite working in a health clinic where a supportive environment might be expected, Mdm B (a cleaner) had a negative experience. Probably because of her low workplace status, she was not included in the organisation and no-one was aware of her pregnancy. She said, “I worked as a cleaner at a Health Clinic. The staff nurse and doctor were there. But I continued working”. When asked if the doctor knew about her pregnancy, she elaborated, “No (they didn’t know about the pregnancy). We just chatted as usual. Nobody talked about my tummy”. For Mdm F, the workplace experience was the same. Mdm F felt let down and said, “I continued working without my colleagues and superiors ever noticing my pregnancy”.

8. Conclusion and Future Recommendation

Efforts to understand filicide and to provide appropriate interventions to combat filicide, infanticide, neonaticide and infant abandonment continue to pose challenges. One of the main challenges is to understand these phenomena transparently without bias and prejudice. Without exploring the accounts of filicide from the individuals who have experienced the phenomena themselves, the conclusion made may not be accurate and skewed to agree with what is thought as culturally and socially acceptable. Before putting the responsibility of filicide to women, one must understand the holistic predicament of those accused women. This study shared the accounts of women convicted of filicide that they were actually the victims too. These women suffered from indirect violence (such as social inequalities, isolation, abandonment, and marginalization) to direct violence (such as oppression and polyvictimisation - social, economic, sexual, psychological and physical violence). Women convicted of filicide revealed the pervasive harm of violence against women and children and its link to filicide. Hence, evidence on filicide should be informed by comprehensive analyses which include opinions and perspectives of the convicted women. Eradication of violence against women and children should be part of the intervention to tackle filicide.

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