

**UCAPAN YANG AMAT BERBAHAGIA
DATO SERI DR SITI HASMAH BINTI HAJI MOHD ALI
DI SEMINAR KEBANGSAAN MENGENAI
HAK DAN KESIHATAN REPRODTJKTIF
PADA HARI KHAMIS, 20 APRIL 2000
DI SUMMIT HOTEL, SUBANG JAYA, SELANGOR
JAM 9.30 PAGI**

*Hak dan Kesihatan Reproduktif:
Cabaran Bagi Alaf Baru*

Bismillah hi Rahma Ni Rahim. Syukur ke hadrat illahi kerana atas limpah kurniaNya kita dapat berkumpul pada pagi ini. Semoga dengan restu dan hidayahNya, kita dapat mengendalikan perkongsian pengetahuan dan pengalaman yang berfaedah serta .mencapai objektif untuk disempurnakan di seminar ini.

2. Terlebih dahulu. saya ingin merakamkan terima kasih kepada Jawatankuasa Penganjur kerana sudi menjemput saya merasmikan Seminar Kebangsaan Organisasi-Organisasi Bukan Kerajaan (NGO) mengenai Kesihatan Reproduktif. Saya ucapkan tahniah kepada Jawatankuasa Penyelaras NGO Malaysia untuk Kesihatan Reproduktif kerana berjaya mengaturkan seminar kebangsaan yang julung kali diadakan untuk sektor NGO. Seminar ini tepat pada masanya dan merupakan yang pertama di alaf baru bagi membincangkan isu-isu mengenai hak dan kesihatan reproduktif masyarakat. Ini adalah penting kerana konsep kesihatan reproduktif masih baru dan belum di fahami keseluruhannya. lebih-lebih lagi implikasinya kepada kehidupan dan caragaya individu dan keluarga.

3. Konsep kesihatan reproduktif telah diperkenalkan di Persidangan Antarabangsa Kependudukan dan Pembangunan di Kaherah pada tahun 1994 dan diikuti di persidangan Sedunia Wanita di Beijing pada tahun 1995. Ianya merangkumi kesemua aspek putaran hidup (life cycle) setiap individu dan peranan individu itu dalam keluarga dan masyarakat serta

sumbangannya kepada pembangunan negara. Ia juga meliputi kanak-kanak remaja dan dewasa, perempuan dan lelaki dari kelahiran sehingga ke peringkat usia ketuaan.

4. Jika kita meninjau kembali perkembangan perkhidmatan kesihatan di Malaysia, kebanyakan daripada khidmat kesihatan reproduktif telah pun disediakan. Empat puluh tahun dahulu sejak kemerdekaan. Perkhidmatan Kesihatan Luar Bandar telah menggalakkan kesihatan keluarga di samping memberi jagaan kesihatan individu. Umpamanya, ibu-ibu di beri jagaan rapi untuk membolehkan mereka berada dalam keadaan sihat dan produktif yang bermaksud lebih daripada segi prokreasi, sebagai kunci kepada pencapaian taraf kesihatan yang lebih baik untuk keluarga dan negara. Falsafah ini kini semakin di terima dan diamalkan oleh orang dan kumpulan yang prihatin termasuk badan-badan bukan kerajaan atau "actors of the civil society."

5. Di Klinik Kesihatan Ibu dan Kanak-kanak, pendekatan kita pada ketika itu, berasaskan pengalaman saya, adalah secara praktik. Bagi setiap ibu, kami memberi maklumat, nasihat dan rawatan. Perkhidmatan yang diperlukan di sediakan - iaitu mengendalikan pemeriksaan antenatal, kelahiran yang selamat dan jagaan postnatal. Ibu-ibu diberi nasihat menjarakkan kehamilan supaya mempunyai masa untuk memulihkan keadaan kesihatan diri sendiri di samping memberi jagaan yang sempurna kepada anak-anak. Ujian Pap Smear untuk penyaringan kanser servikal kemudiannya diperkenalkan dan ibu-ibu juga diajar melakukan pemeriksaan payudara untuk kesan-kesan awal kejadian barah. Kesihatan ibu diteruskan dengan perkhidmatan kepada bayi dan kanak-kanak mereka; seperti pemeriksaan kesihatan, pemberian imunisasi, penggalakkan penyusuan ibu dan pemakanan yang seimbang. Sessi-sesi demonstrasi memasak bukan perkara asing supaya ibu-ibu dapat mengetahui cara-cara menyediakan makanan berzat yang akan memberi faedah kepada semua ahli keluarga. Kini, kesemua aktiviti yang diuraikan ini adalah yang penting dalam rangkaian khidmat kesihatan reproduktif, atau "core elements of reproductive health."

6. Dalam tahun-tahun kebelakangan ini, perhatian kepada isu-isu yang lebih luas yang membabitkan ahli-ahli keluarga di beri tumpuan. Umpamanya pengukuhan program pembangunan kesihatan keluarga termasuk program kesihatan mental dan sosial dan juga

memajukan aplikasi-aplikasi pencegahan kesihatan masyarakat dalam kawalan penyakit-penyakit akibat caragaya hidup. Kita perlu memastikan ibu-ibu di beri cukup pengetahuan dan keyakinan supaya mereka boleh membuat keputusan yang penting berkaitan keadaan kesihatan diri sendiri dan keluarga. Juga, keputusan oleh kedua suami-isteri adalah amat penting. Justeru itu, pelbagai program yang ditujukan kepada wanita, terutamanya bagi mereka di sektor luar bandar dan di peringkat akar umbi berunsur kesensitifan jantina atau gender sensitif. Pendekatan ini, saya percayai, adalah penting untuk melaksanakan konsep hak dan kesihatan reproduktif.

7. Kini kita beri keutamaan kepada program-program pembangunan anak-anak muda kita. Ibu-bapa perlu sentiasa diingati mengenai tanggungjawab mereka mendidik anak-anak mereka dengan baik. Tambahan, kanak-kanak pada masa ini terlibat secara langsung dalam membuat keputusan dan menyuarakan hak dan keperluan mereka. Kita tidak dapat lari daripada hakikat ini kerana ianya adalah selaras dengan pembangunan masyarakat yang berpengetahuan dan matang. Keadaan sedemikian adalah dijangkakan, memandangkan kemajuan negara yang membolehkan pencapaian pendidikan tinggi, pendedahan kepada ilmu dan teknologi maklumat dan kebudayaan sejagat. Perkara-perkara ini telah mengubah sikap dan tingkahlaku remaja dan belia hari ini yang tidak seperti apa yang dialami oleh ibu-bapa mereka dahulu.

8. Program Tindakan ICPD telah memberi keutamaan kepada golongan remaja dan dewasa muda dan mengingatkan bahawa hak mesti ditemani dengan tanggungjawab. Sekalipun kita mengizinkan suara anak-anak muda kita didengari dan memberi mereka taraf keahlian penuh dalam urusan berkaitan keluarga, ibu-bapa harus menjadi pengaruh besar dalam kehidupan mereka, dalam proses membuat keputusan dan dalam tingkahlaku mereka. Dalam hal ini, masih terdapat ramai ibu-bapa yang memerlukan bimbingan untuk membolehkan mereka memainkan peranan ini dengan berkesan. Kumpulan masyarakat sivil seperti pertubuhan-pertubuhan bukan kerajaan yang diwakili hari ini boleh memainkan peranan besar untuk memberi sokongan kepada keluarga-keluarga dalam proses-proses bimbingan, pendidikan dan pemulihan.

9. The UN Population Conference at Cairo in 1994 agreed on a more humanistic approach to tackling issues of population, development and sustainable environment. The 20-year Programme of Action called for a rights-based strategy that focuses on upgrading the quality of

life of the individual woman and man, rather than demographic targets. The Programme also emphasised the need to empower women and facilitate their inclusion in all streams of development.

10. The Fourth World Conference for Women held in Beijing in 1995 strongly endorsed the commitments made at the ICPD, with particular reference to gender equality, equity and empowerment of women. I personally led the Government Delegation to this Conference, and I am convinced that women all over the world are prepared and ready for shared responsibilities in all spheres of development. Today, many women are more knowledgeable and are better able to shoulder more responsibilities on family matters, especially relating to health care and family planning. It is also true that men have a higher level of awareness on the needs of women and family and are willing to involve themselves in a more meaningful manner.

11. The World Health Organisation has acknowledged that although human health has improved more over the past half century than over the first three millennia, the gap between the health status of the rich and poor remains apparent. This constitutes one of the greatest challenges in this century and a special focus has to be made on the health of the poor by international agencies as well as national agencies. In addition, focus should be made to improve health inequities and injustice, between men and women, between ethnic and marginal groups or simply between the most healthy and the least healthy. The challenge is most apparent especially with regards to reproductive health, an issue considered by some to be too private and confidential to involve others. We have seen too often how the advances and technologies for promotive and preventive work in Family Planning and HIV/AIDS have not been evenly applied for the benefit of all.

12. To fully implement the Cairo Programme of Action and the related Beijing Platform for Action; policy, legislative and institutional changes that consider the well-being of individual women, men and young people as the focal point of activities must be made. Such an approach will ensure the success of programmes designed to address issues of economic development and balanced, sustainable population growth that form part of the overall objectives of the main

Programmes. In other words, facilitating informed decision-making and grassroots action are vital for national development.

13. On the five key action areas identified at the ICPD+5, the issue of finances appears to be a critical and cross-cutting factor. At the 33rd meeting of the UN Commission on Population and Development (22-31 March 2000), the UN Secretary-General - Mr Kofi Annan, again reported that "Donor funding for population programmes has stagnated far below needed levels." Further, "Many countries have failed to devote adequate resources to national population programmes and international aid has grown negligibly, with annual funding levels at less than half of the \$ 5.7 billion target." (NewsNewsNews IPPF 28 Mar 2000).

14. This situation desperately needs the intervention of, and concerted action from the international community. Appeals to the countries with developed economies to increase financial assistance may be exhausting work, but nevertheless, it has to be continued. In addition, the mobilisation of scant resources, especially with relevant human expertise to develop and sustain programmes and activities at grassroots level may be a more worthwhile endeavour and preferably carried out on a regional basis. The wider dissemination of "best practices" can be further promoted, and in this respect, I am confident that the Malaysian experiences may be relevant and useful to some of the developing countries in the Asia and Pacific Region. Perhaps even in some countries in other regions where certain aspects of the culture and social practices share common features, adoption of our success stories may still be worthwhile attempts, with some modification or adaptation.

15. In Malaysia, we are fortunate that the policy framework and institutional arrangements are in place even before the ICPD, whereby integration of population issues in development planning and a comprehensive service delivery health care programme have been consistently improved upon in successive Five-year Development Plans since Independence in 1957. And we have a *Vision 2020* to guide us well into the new millennium.

16. We should be grateful for the prosperity, peace and stability we have in this country which have enabled us to continue to implement programmes and activities effectively. The

Government's priority to provide basic facilities to all levels of society such as health, education, improved economy, skill training, rural development etc, has benefitted us all. Infant and maternal mortality rates are among the lowest among developing countries, while our life expectancy rate is among the highest.

17. I have just returned from Iraq where I have seen the impact of war and comprehensive sanctions on citizens, especially women and children who are forced to live in an environment which lacks everything. Insufficient food, lack of potable water, re-emergence of infectious diseases such as tuberculosis, polio, malaria, pollution of water and air by radioactive elements as well as poverty have taken the lives of infants, children and women. 7000 children die every month; one out of 5 children below the age of 5 suffer from malnutrition, and maternal mortality has increased 6 times during the sanction period. In addition medicines, including the new generation of antibiotic. treatment for chemotherapy for acute and chronic diseases are lacking or unobtainable. Those who are ill have little chance of survival. I urge you all to pray that such tragedy will not happen to us in this country and to appeal, that the sanctions imposed on Iraq will be lifted as soon as possible, so as to release the Iraqis from their untold sufferings.

18. Even as we surge forward to attain developed nation status by 2020, we must ensure that all Malaysians have equal opportunities have benefitted from the economic success of the nation. Universal access to basic education. with special attention to closing the gender gap, health care for the reduction of infant, child and maternal mortality, universal access to comprehensive reproductive health, including family planning and sexual health must remain our primary goals. We must also ensure that women as equal partners in national development, community participation and family development, must be involved in all aspects of policy decision-making and programmes.

19. An NGO coalition for reproductive health has been established and I laud the efforts of the Malaysian NGO Coordinating Committee for Reproductive Health for taking this important steps to involve as many participants as possible from the civil society through this National Seminar. I wish to urge all those present to initiate programmes by involving other groups as well.

20. It is only through this that knowledge can be disseminated and practised by all families and communities. The Malaysian NGO Report for ICPD+5 has identified a number of areas which have to be strengthened. I support the call to create a more comprehensive mechanism to improve upon the partnership between the Government and the NGOs. Sincerity and commitment from all levels are imperative. Government agencies have to make sincere attempts to discuss and involve non-government organisations and communal groups in all aspects, from planning to implementation and evaluation. Currently the NGOs are given due recognition; nonetheless we must continue to develop and strengthen the ties in the partnership between all sectors including the civil and private sectors.

21. Malaysia has always recognised the family institution as the basic unit of society. In Cairo, we reiterated our stand, and this is accordingly reflected in our National Programme on Population and Family Development. We have in place, various support systems for families in difficult circumstances. We have also gone a step further, in our efforts to maintain and strengthen ties of the extended family system. At the family level, however, we realise that due attention and care are not provided for many women who are wives, mothers and wage earners. Therefore, the support and service of NGOs must be farther strengthened and expanded in terms of scope and geographical coverage and better integrated, if the basic tenets of human rights, gender equality and equity, reproductive rights and reproductive health are to be evenly applied. Indigenous populations, special community groups like single-parent families, and marginalised communities deserve special attention.

22. Reproductive rights and reproductive health should be promoted in the context of the legal and constitutional context of our country, and that at all times, the culture and practice of our people must be respected. The reproductive rights of young people must be assured, within the family institutional framework I alluded to earlier and the norms and ethics of the society. It is very tempting for our young people to be attracted to the global trend towards a more relaxed culture for social interaction, economic independence and personal action. Parents must lay the foundation for children to have positive attitudes, possess analytical skills, make critical choices and act in a responsible manner towards self, family and the community. Such parenting skills

may need to be learned, especially in an environment that is constantly being challenged, and perhaps being eroded to some extent, by external influences. Parents should avail themselves of the assistance provided for by several institutions. Here, I would like to stress again, that fathers and mothers are jointly responsible and must share responsibilities in the upbringing of their children, while the children have their roles too.

23. Grassroots NGOs are making a real difference to the lives and development of many women. Increasingly, reproductive rights and reproductive health training and other forums are helping women to understand their own bodies, their needs and how these needs can be met in an assertive but responsible manner. Women have better access now to knowledge and skills on safe and effective family planning. HIV/AIDS prevention and screening tests for the common cancers affecting women. Reproductive rights and reproductive health have also appeared as an issue among representatives in the estate and agricultural sectors and of indigenous people. Even as we celebrate our little successes, we cannot hope to make these practices universal and sustained unless all women are equally informed and empowered. The work of the public agencies, the civil society and every concerned and/or enlightened individual must continue.

24. Men can make a difference! We need to find innovative ways to foster shared responsibilities, decision-making and others. We must make every effort to reach men in the same way as we did for women's development. The messages must be consistent and fully integrated in all our activities; whether in advocacy, information, education or services, and as always respecting the social and cultural norms and practices of individual groups and populations. Various avenues have proven successful in our approach to our male counterparts. The Family Planning service providers are trained and possess skills in the motivation and counseling of men for responsible parenthood. They now extend their skills to other reproductive health services, including the prevention of HIV/AIDS and the concept of male wellness. Several other NGOs specially advocate family responsibilities, including divorce and domestic violence. We look forward to a caring and sharing relationship among family members that will sustain the impact of a rapidly changing economic and social environment.

25. Allow me to reiterate the issue of children and young people. Statistics show that young people are involved in social ills, like drug abuse and dangerous behaviour like irresponsible sexual activity and diseases like HIV/AIDS have increased. To strengthen the programmes of the public agencies and the work of NGOs, I would like to see more concerted and effective approach to build confidence and responsibility among our young people especially in the handling of their sexual behaviour. For instance, it is not enough that young girls know how menstruation and pregnancy occurs but rather how they can say "No" and resist any negative implication falling upon them or their families.

26. In this regard, we have to motivate our young to involve themselves in activities beneficial to individuals or groups and which will give them self fulfillment such as academic excellence, glory in sports, inventions and innovations that will improve themselves physically, mentally and spiritually. I wish to appeal to our youngsters to work harder to contribute to those less fortunate and to do volunteer work. Show that you care, you dare and you "boleh".

27. I am pleasantly surprised that this Seminar has attracted a larger than usual representation from the media circle. I would like to add my voice to the general call of the NGOs, and that is, the media be more widely utilised as a strategy in the advocacy, information and education activities. The various forms of media; electronic, print and otherwise have far-reaching consequences. We have an educated society. Yet, unless the information and messages are suitably packaged, culturally-sensitive and usage of language familiar to the audience, our efforts in using such an important resource such as the media will not achieve its intended results.

28. Saya telah memberi beberapa perkara untuk difikirkan, mengenalpasti beberapa bidang yang perlu diberi perhatian dan mencadangkan beberapa arah tujuan untuk tindakan. Saya harap anda akan berfikir secara kritikal program dan aktiviti masing-masing dan menimbangkan bagaimana kita boleh melebihi sumbangan kepada usaha meningkatkan dalam pembangunan penduduk dan keluarga daripada sudut kesihatan reproduktifkhususnya.

29. Akhir sekali, saya sekali lagi mengucapkan tahniah kepada Jawatankuasa Penyelaras NGO untuk Kesihatan Reproduksi kerana berjaya mengaturkan Seminar Kebangsaan ini, dan

khususnya kepada Persekutuan Persatuan-Persatuan Perancangan Keluarga Malaysia yang telah bertindak sebagai Urusetia.

30. Semoga tuhan memberkati usaha kita semua, dengan lafaz Bismillahir rahmanir rahim, saya merasmikan pembukaan Seminar Kebangsaan Badan-badan Bukan Kerajaan Malaysia untuk Kesihatan Reproduktif.
