

Please check against *delivery*

SPEECH BY
YABHG DATIN SERIDR SITI HASMAH BT HJ MOHD ALI
AT THE WORLD HEALTH DAY
IN WASHINGTON DC, USA
ON TUESDAY, 7 APRIL 1998

"Empowering our Women to Live"

I am deeply touched by the honour given to me to be a part of this auspicious event and I thank the sponsors for the invitation to address this distinguished gathering. The Safe Motherhood Initiative - Call for Action is a befitting theme for World Health Day. It is an occasion for us to renew our commitment, our strength, and to reenergise our efforts to advance and apply all available knowledge, skills and technology that can prevent the unnecessary tragedy of women who succumb to complications of pregnancy and childbirth. As a mother of 7 children, a grandmother of 10 and a health professional of 23 years, the images of pregnancy and childbirth, not always being a joyful event, have left me lasting imprints of husbands, children and families who have to carry on their daily lives silently and sadly without the love, care, comfort and nurture of the wife, the mother, the pillar of the family. Many of these women did not recognise the danger signs of pregnancy and had no power to make their own decisions. It is with these memories and personal experiences that I stand here this morning to share with you Malaysia's story of Empowering Our Women to Live.

2. It is 75 years in Malaysia since the First Midwifery Enactment of 1923 brought to light the need for skilled midwifery to save lives of women in childbirth. Health of mothers and children were identified for urgent attention after the 2nd World War, and has continued to be given its priority status over subsequent Macro Socio Economic Development Plans and health sector policies since Independence in 1957.

3. The overlying principles within these developmental plans were to provide basic services for all, to eradicate poverty and illiteracy; to give attention to high risk, vulnerable and disadvantaged population groups; and emphasis on education and health has supported the expansion of the health sector and the promotion of women's empowerment.

4. From Cairo, Beijing and Colombo a powerful message has emerged; one of social justice and a basic human right. It is a plea for more investments in women's health and women's empowerment to improve not only her health and survival, but that of her children and family. It also seeks to increase the productive capacity and economic well-being of communities as wage earnings of women are critical for family functioning.

5. Women in Malaysia are fortunate as there are no constitutional nor policy barriers to women's participation. Women have equal access to education, health and social services. Our educational system has enabled 99% primary school enrolment with equal girl participation and more than 90% of mothers and children have access to basic health care. Policies to support women's participation in the work force include opportunities for skill training, for home or village-based enterprises, flexitime and child care at workplace. The Amanah Ikhtiar Programme, an NGO self help micro credit financing scheme, has enabled more than 45,000 rural and poor women to improve their livelihood and personal confidence. These are essential beginnings to empowering disadvantaged women to live and to have access to material resources and markets.

6. Women cannot be empowered in the face of sociocultural, traditional or legal barriers that continue to constrain them, nor in the presence of unfriendly, insensitive, non responsive and gender biased policies and programmes. To overcome these real and perhaps unseen barriers, Malaysia's commitment is reflected by a Chapter

dedicated to Women in Development within the sixth and seventh Malaysia Plan and implemented through a National Plan of Action. It recognises that empowering women is a continuing life cycle process and should be considered within the broader perspective of people's lives, their living conditions, family environment, social and gender relationships and the traditional and legal structures within which they live. Legal literacy, motivational and other educational efforts are carried out within a partnership strategy to improve women's status in society, and for her to articulate her needs and choices.

7. We know that women cannot develop their potential and capacity to work if they continue to be marginalised or are plagued by the burden of disease and ill health resulting from high fertility, unplanned pregnancy, unsafe sexual activity and lack of access to affordable, acceptable and effective health care.

8. To empower our women to live, we must remove the multiple barriers women face in attaining good health. We must expose them to knowledge and ideas, correct the unequal gender power relations, empower her to make informed and responsible decisions for her own health and facilitate her access to quality maternal health services.

9. Perhaps the most difficult, yet urgent need of women in developing countries today, is empowerment pertaining to the most intimate part of their lives - their reproductive health and Safe Motherhood. Not only is this a traditional and sociocultural taboo of families and communities, it is also a taboo among many governments and policy makers. Addressing Reproductive Health and Safe Motherhood as critical areas for maternal and child survival and health requires, a paradigm shift in policy and programme planning as a social and moral obligation for all governments, international agencies, communities and families.

10. Today we have the knowledge, skills and technology to save women from death during pregnancy, childbirth and unsafe abortions. We need to apply it, to make available adequate physical facilities, skilled manpower and a functioning health system. Cairo has led to the forging of a South-South Partnership in Population and Development as a unique and cost effective way of tackling priority issues. I sincerely hope that Safe Motherhood including the unmet needs for family planning, and accessibility to a wide range of contraceptive choices and appropriate services will be a priority area for such collaborative efforts.

11. Realising Safe Motherhood as a basic human right, the M in MCH has occupied the centre stage in our health agenda since the reorganisation of health services strategies in the 1970's. Maternal health care has been progressively developed and improved. It provides a basic health care package of integrated services, inclusive of family planning, maternal and child nutrition, health education and counselling.

12. Reduction of maternal deaths and promotion of the pillars of Safe Motherhood has been a corner stone of our efforts resulting in significant gains over the past 10 years. Participation in WHO Collaborative Studies on Risk Approach and Safe Motherhood together with national initiatives have moved us ahead in our efforts to empower women in Safe Motherhood.

13. From the 1980's, a concerted attempt was made to further understand the complexities of Maternal Mortality. More appropriate, acceptable and client-based strategies were formulated to enhance women, family and community education, their participation and also intersectorial collaboration. Studies on the Risk Approach led to the Reorientation in Training and Utilization of TBA's as partners in health care. In this way, the traditional and sociocultural preferences are maintained while skilled personnel attend to pregnancy and delivery. A Colour Coding System for prenatal

assessment activates the continuity of care at the appropriate level for the management of pregnant women. Education, advice and counselling is given to empower them and their families to be aware of the danger signs of pregnancy and delivery, and to seek urgent care by mobilising family and community support. An Active Case Management of Code Red women provides for anticipatory care for "highest" detectable risk. Quality of maternal health care has been upgraded through retraining of personnel in obstetric emergency skills, upgrading of district hospitals, decentralisation and district strengthening.

14. The Quality Assurance Programme, confidential Enquiry on Maternal Mortality based on a "no blame" concept and a Client Charter have augmented quality of care and corrected weaknesses. Client demand for institutional deliveries has resulted in the establishment of "Low Risk Delivery Centres" in urban areas and Alternative Birthing Centres in rural areas. As a result of initiatives in Safe Motherhood, the Maternal Mortality Ratio has fallen from 240 per 100,000 in 1980 to 20 in 1996. Deliveries by trained personnel have increased from 80% in 1980 to 95.4% in 1996 and more than 95% of women seek prenatal and postnatal care.

15. We cannot afford to be contented with our success. The time has come for us to face reality - that the gender gap exists and inequality and inequity remains. Health care and nutritional needs of girls and women come after those of boys and men. Women may have legal rights but they are still unable to exercise these rights or to make choices in their reproductive health and fertility. They are subjected to violence, abuse, discrimination and exploitation. The spread of the HTV/AIDS pandemic in women, youth, adolescents and children speaks for itself. We need to empower girls and women quickly and urgently to remove all discriminatory policies, practices and prevailing sociocultural and traditional constraints and barriers. We need to address the reproductive health and sexual needs of adolescents and youth to prevent unwanted pregnancies, unsafe abortions, STDs and HIV/AIDS.

16. The reproductive health of women in crisis and conflict situations and those displaced or affected by economic sanctions is a major concern. I appeal to all governments and international agencies to mobilize resources to alleviate the physical, psychological and mental trauma of these girls, women and their families. The economic downturn of our countries especially in Asia will negate the progress made in Safe Motherhood should additional resources fail to be met with. We must not allow this to happen and we must commit ourselves now.

17. Malaysia owes its progress to its political stability, enabling policies, continuity of sound health strategies, perseverance of health professionals and support of its people. Malaysia's story is not a story of the Asian miracle nor the Malaysian miracle. It is a story of the dedication of many who have passed their lives unseen and unheard to save women and children. To each and everyone of our unsung heroes and heroines a tribute is due, especially today - the World Health Day and the tenth Anniversary of Safe Motherhood Initiatives.

***** .

Prime Minister's Office
Kuala Lumpur