

Penyampai : DATIN SERI DR. SITI HASMAH BINTI HAJI MOHD. ALI
Tajuk : THE WORKSHOP ON ISLAM, REPRODUCTIVE HEALTH AND WOMEN
Lokasi : CONCORD HOTEL, KUALA LUMPUR
Tarikh : 20-08-1998

Ladies and Gentlemen, Reproductive health carries a very broad definition. It encompasses such straightforward health issues like healthy pregnancy and childbirth; safe contraception; safe abortion when necessary; regular screening of reproductive organs to ensure early detection of cancer. Beyond this its reach extends to problems of a sexuality free from sexually transmitted diseases including HIV/AIDS, rape and coercion; and, the ability to decide when and how many children to have.

2. Women are the sole bearers and main rearers of children. They are usually the ones made responsible for the nurturing of their offspring. They should, therefore, have more right to decide on whether, when or how many children to have, for their lives will be more affected by the outcome.

3. Reproductive health is women's rights, rights contained in a number of UN Documents of the last 60 years, including the Platform of Action of the Beijing Conference. Reproductive rights may appear a controversial term after the Cairo and Beijing conferences, but at its root is the belief that people are entitled to and can be trusted to make their own reproductive decisions. This concept needs to be discussed openly. It is a disservice to women and men if the sensitivity it causes among small conservative groups of the community, leads to the dismissing of the concept or the pretence that it does not exist.

4. The controversy surrounding the Cairo Conference undeniably included Muslim groups as among those who held this latter view. But Muslim women have the right to enjoy good health and the right of access to high quality health services, as do all women of the world.

5. These rights of Muslim women emerge from two sources: Islam itself and the rights of the general populace of women as human beings.

6. From Islam emanates a justice ensuring that women are entitled to have the risks and burden of bearing and rearing children lessened whenever possible. In verse 233 of Sura Al-Baqara, for example, this is made very clear. In reference to the suckling of children, the Quran is explicit and states in no uncertain terms that "a mother should not be allowed to suffer on account of her child, nor should a father on account of his child" for that matter.

7. Consequently, unnecessary illness or death as an outcome of pregnancy, childbirth, undetected reproductive cancers, and unsafe sex can be regarded as socially unjust if the country has the resources to provide education and health services which would prevent such situations.

8. Muslim women are also entitled to experience full well-being as part of a broad definition of health. For married women, this should include a mutual relationship with their husbands, free of coercion and cruelty, and a regular, satisfying sexual relationship. There are several hadiths of the Prophet s.a.w. as reported by Ibn Majah that testify to these rights that wives have in Islam.

9. Unfortunately, Muslim women's rights in the progressive sense are not usually discussed in many Muslim majority countries, largely because it is the views of conservative Muslim ulama that prevail. They are always men because the traditional practice does not allow women the privilege of determining policy in Islam. As a result, too often, more attention is paid to issues such as conditions for polygamy and the interpretation of "nusyuz" or obedience in a marital relationship and this, from the perspective of men rather than the concerns of women.

10. Rarely, too, do Muslims themselves have the opportunity to listen to and discuss alternative views of marriage that carry with them a vision of mutual respect, companionship and affection for Muslim men and women. Similarly, sexuality is not usually discussed in a positive way as a natural part of human life that is mutually respectful, able to enhance marital happiness and well-being. Rather, the emphasis is

more on the negative, such as human weaknesses and the need to confine its effects by protecting women's bodies from men who are unable to exercise self-discipline. This experience of Islam is mired in the don'ts and not the do's, that is, the liberating expression of that which Allah urges us to achieve. These are, namely, the rights that society owes us and the obligations that we have towards society.

11. I have been given to understand that this workshop will attempt to air and discuss these alternative perceptions.

Ladies and gentlemen,

12. Muslim women's rights come also from the fundamental values that are held universally, by all societies. All of us are entitled to good health and access to quality health services, free of discrimination on the basis of class, ethnicity, location, age, marital status, gender and other differentiating factors. We also have the right to be fully informed on aspects of our health and to decide what is in our best interest.

13. The Indonesian society for Pesantran and Community Development [P3M] are to be congratulated for their courage in attempting to demonstrate the theological basis of these rights and values. This, I hope, will ensure that Muslim women's health in Southeast Asia, particularly, and the world, generally, and the role of health personnel is not restrained by conservative interpretations of Islam relating to women's reproductive rights and their rights and responsibilities in marriage.

14. It is also very important that the reproductive health of women in Southeast Asia is improved and not be allowed to deteriorate as a result of the current financial crisis and a diminished government budget.

15. Southeast Asia has done reasonably well in terms of health care. Women in our countries now live until their 60's and 70's. In Malaysia women have a life expectancy of 74 years. Maternal mortality rates, however, one of the key indicators of reproductive health, are still moderately high in some countries such as the Philippines and Indonesia. Malaysia's current rate of 80 deaths per 100,000 live births reflects a steadily declining trend. In actual numbers this amounts to about 300 deaths per year. We still have room for improvement.

In Singapore, for example, which is fully urban and industrialised, the rate is only 10 deaths per 100,000 live births.

16. This improvement is not, however, reflected in our contraceptive prevalence rate. Our use of contraception has not changed much in the last 50 years and stands at 54 percent of married couples in 1994. This is only of a moderate level when considering the sophistication of our health care system and the resources available. In fact, there has been a trend for Malays, who form the bulk of Malaysian Muslims, to prefer traditional contraceptive methods that are not as effective as modern ones.

17. We need to question ourselves seriously about this situation and consider to what extent prevailing conservative Islamic interpretations regarding contraceptive use has had an effect at grassroots level and how far politics and official policy have played a part.

Ladies and gentlemen, 18. Contraceptive use is important for several reasons.

19. Firstly, spacing children reduces the health risks to both mother and child, thus influencing maternal mortality.

20. Secondly, it prevents unwanted pregnancies and the attendant problems of abandoned babies, unsafe abortion and child abuse.

21. Thirdly, the ability to decide how many@ and when@ to have children is an important right that helps women, and men, to be more in control of their lives leaving them empowered to take action in other areas for their own and their family's well-being.

22. Islam already allows contraception for spacing of children. Quite naturally, therefore, there has been no real debate about this in Muslim countries or even at the recent UN conferences. Yet, in some countries, including Malaysia, there is a lack of certainty in this area, and the conservative views of small, minority Islamic groups are being listened to at the grassroots level.

23. This Southeast Asian workshop on "Islam, Reproductive Health and Women's Rights" is an important effort to come to a common, broad theological understanding on concerns and issues of reproductive health and women's rights that bear heavily on women's health and their well-being and empowerment.

24. Countries with sizable Muslim populations need to come together this way to discuss such matters. Such coming together should not only be among the ulamas. The meeting of minds must include scholars of Islamic studies, social scientists and groups involved in public and community education with Muslims. These latter groups should also have the right to voice their views on theological matters. It is critical, too, that the voices of women and women's group be heard because their experiences and their realities must shape policies.

25. There is great interest among Muslims, particularly women, to hear different views about women's rights, especially perspectives that offer hope for improving women's health and well-being, including their happiness and security in marriage. I encourage Sisters In Islam to widely disseminate the outcomes of this workshop to Muslim women and men at all levels and most certainly in the rural and grassroots areas.