25 Years of The ICPD: Reproductive Health & Right Challenges

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Federation of Reproductive Health Associations, Malaysia (FRHAM)
Persekutuan Persatuan-Persatuan Kesihatan Reproduktif, Malaysia (PPKRM)
A Member of International Planned Parenthood Federation (IPPF)

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What is ICPD?

- The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, from 5 to 13 September 1994.
- 179 States took part in negotiations to finalize a Programme of Action on population and development for the next 20 years.
- Endorsed a 115-page document

- It places people’s rights at the heart of development and reaffirmed SRH as a fundamental human right. It emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nation and the world.

- The Programme of Action includes goals in regard to education, especially for girls, and for the further reduction of infant, child and maternal mortality levels. It also addresses issues relating to population, the environment and consumption patterns; the family; internal and international migration; prevention and control of the HIV/AIDS pandemic; information, education and communication; and technology, research and development.
Definition of Sexual and Reproductive Health

- Cairo POA defines reproductive health as the state of complete health, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system.

- Sexual and reproductive health (SRH) connotes that “people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so...[as well as for] the enhancement of life and personal relations” (United Nations Population Fund [UNFPA], 2004)
UNFPA is the United Nations sexual and reproductive health agency. Their mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

UNFPA Supports:

- Reproductive health care for women and youth in more than 150 countries – which are home to more than 80 per cent of the world’s population
- The health of pregnant women, especially the 1 million who face life-threatening complications each month
- Reliable access to modern contraceptives sufficient to benefit 20 million women a year
- Training of thousands of health workers to help ensure at least 90 per cent of all childbirths are supervised by skilled attendants
- Prevention of gender-based violence, which affects 1 in 3 women
- Abandonment of female genital mutilation, which harms 3 million girls annually
- Prevention of teen pregnancies, complications of which are the leading cause of death for girls 15-19 years old
- Efforts to end child marriage, which could affect an estimated 70 million girls over the next 5 years
- Delivery of safe birth supplies, dignity kits and other life-saving materials to survivors of conflict and natural disaster
- Censuses, data collection and analyses, which are essential for development planning
The Meeting in 2018 recognized declines in maternal and infant mortality as some of the major health achievements of the region contributed through improved access to quality maternal and child health care, including increased access to antenatal and neonatal services, basic and comprehensive emergency obstetric care, and skilled-birth attendance, as well as improved surveillance of maternal deaths.

Noted that access to safe abortion and post-abortion care had contributed to reducing maternal mortality and morbidity.

Mixed results in increasing contraceptive prevalence, with unmet need for family planning remaining a concern.

Adolescent birth rates in many countries are declining, indicating commitment to the universal access to sexual and reproductive health information and services.
including family planning, and to eliminate all forms of discrimination in the provision of these services, particularly for young people, persons with disabilities, migrants and people of diverse sexual orientation and gender identity.

The role of civil society organizations to reach rural and vulnerable populations and the contribution of faith-based organizations in reducing sociocultural barriers to family planning.

MONITORING BY CIVIL SOCIETY

Asia Pacific Conferences on Sexual Reproductive Health and Rights since 2001

Malaysia hosts 3rd APCSRH

FRHAM has consistently monitored and produced 5 yearly post ICPD reports for Malaysia, last ICPD +25..covers SRHR,CSE, CPR, Abortions, Gender equality, HIV/AIDS, child marriages, relationship with international conventions (CEDAW, UN human rights charter)
Contraceptive Prevalence Rate

- The Contraceptive Prevalence Rate (CPR) was 52% in 1984 and has stagnant (52.2% in 2014), while CPR for modern methods is also at a standstill at (34% in 2014). (Source: LPPKN)


- In 2014, unmet need for any contraception was 19.6% for any methods and 34.7% for modern methods. The unmet need for limiting (13.4% - any methods, 23.8% - modern methods) was about twice as high as the unmet need for spacing (6.2% - any methods, 10.9% - modern methods). (Source: LPPKN)

- 25% of married women said they did not want another baby but were not using any kind of contraception. Some women cited non-use or discontinued usage due to fear of side effect (26.8% in 2014, up from 10.3% in 2004) and husband objection (12.6% in 2014, increase from 8% in 2004). (Source: Najimudeen M, Reprod Contracept Obststet Gynecol, 2014)

- The consequences from unmet need are unwanted/unplanned pregnancies, 100,000 teenage pregnancies since 2011, maternal mortality ratio is rising after decades of decline 65 (1996), 22.3 (2014), 23.8 (2015) and 29.1 (2016), abortions, abandoned babies -Royal Malaysia Police reported 900 cases from 2010.
Rate of Unmet Need for Contraceptive in ASEAN Countries

Rate of Contraceptive Use in 1974-2014

Source: LPPKN
M'sia's fertility rate drops to lowest level ever recorded

KUALA LUMPUR: The national fertility rate this year is expected to decline to the lowest level recorded since the formation of Malaysia in 1963, with 15.8 births per 1,000 people compared to 16.1 in 2017.

According to the 2018 Malaysia's Selected Demographic Indicator, the overall fertility rate of Malaysian women aged 15 to 49 is estimated at 19.1 children, which is below the replacement level of 2.1 children.

This means that the Malaysian population is shrinking, as the average number of babies born to a woman during her period of fertility is not sufficient to replace her and her partner, Chief Statistician of the Department of Statistics Datuk Seri Dr Mohd Uzir Mahidi told Bernama.

"This decline in the overall fertility rate is also one of the demographic factors that contributes to population aging," he said in a statement.

Meanwhile the gross mortality rate in 2018 is 5.1 deaths per 1,000 people – a drop from 5.2 deaths in 2017.

As a result of the lower mortality rate, Malaysia's population in 2018 is estimated to increase by 0.4 million to 32.4 million people, the report said.

In terms of lifespans, a female born in 2018 could live for 77.6 years, while a male could live for 72.7 years.

As for gender indicators, the number of males is estimated to increase this year to 14.69 million, outnumbering females at 14.37 million.

According to the Indicator, Malaysians in the 15 to 64 year age group will increase to 22.58 million in 2018, while those in the 65 years and up category will increase to 2.10 million.

The 0 to 14 year group, meanwhile, is estimated to drop to 7.71 million this year, compared to 7.73 million in 2017.

"Finally, the average household size for urban dwellers this year will drop from 4.06 persons to 4.03 persons per household.

"(This is lower than the) size of rural households, which stands at 4.70 people," the report said.
Empower people on their Sexual and Reproductive Health, improves the health of mothers and their families and a better quality of life.

**ROLE of Quality Family Planning**

Reemphasis on Family planning, strengthening information, education and skills building of Health care workers on SRH and policies, increasing public awareness about modern methods of contraceptives, ensure contraceptive security, keeping abreast with contraceptive technologies including LARC, more inclusive data collection and monitoring including from the young and unmarried.

How To Increase CPR?

Fullfilling the Rights of Men, women for safe, effective, easily available, affordable and acceptable contraception.
HOW to increase fertility rate?

Pronatalist policies/demographic security programs

Match making, mass marriages, policies encouraging early marriages and bigger families (housing, transportation, interest free loans) tax relief for children, child benefit, more childcare nurseries,

longer maternity and paternity leave, (harmonisation of public and private sector) more allowances for graduates/postgraduates who are pregnant, free or subsidised infertility treatment, higher healthcare spending.
ABORTIONS

Termination of pregnancy is legal in our country BUT WITH LIMITATIONS

PENAL CODE AMENDMENT ACT 1989

✓ Allows a medical practitioner registered under the 1971 Medical Act to terminate pregnancy on a woman if such medical practitioner is of the opinion formed in good faith that the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to the mental and physical health of the pregnant woman greater than if the pregnancy were terminated.

(section 132, Penal Code)
ABORTIONS

- Parental consent is required for those below 18 years old
- 9 deaths has occurred among 33,759 induced abortions in 2002 (based on hospital admissions) unfortunately there are no prevalence data.
- 62% of 334 health providers consisting of nurses, medical assistants, doctors/specialist did not know that it is legal to terminate pregnancies under certain circumstances
ARE Malaysian teenagers having sex?

- Global school-based Student Health Survey by MOH in 2012
  1. 50.4 % of students had sexual intercourse for the first time before the age of 14
  2. Only 32.2 % used a condom the last time they had sex

- National Health and Morbidity Survey (2017) which surveyed Form 1 to Form 5 school going adolescents found that
  1. Prevalence of sex was 7.3 %
  2. Prevalence of having sex in the past 30 days was 5.4 %.
  3. 32% had their first sexual experience before the age of 14
  4. 17 % used condoms
  5. 10.3 % used other birth control methods

- Teenage pregnancies are growing and more babies are being dumped.
DO young Malaysians know enough about sex?

- “Malaysian Youth Sexual and Reproductive Health Survey” by Perspective Strategies on behalf of Durex Malaysia between June and October 2016. Survey of 1071 Malaysians 18-29 years from public and private universities

1. 35% did not believe that a woman can get pregnant during the first sexual engagement
2. While 79% are aware of STIs, their knowledge and understanding are limited. Many are unaware of other STIs apart from HIV
3. 10% said washing a female vagina (douching) and 42% believe that withdrawal before ejaculation were effective methods to prevent pregnancy
WHAT about child marriages?

- The Ministry of Women, Family and Community Development recorded 15,000 child marriages from 2007 to 2017.

- Nine out of ten births to girls aged 15-19 occur within marriage, making child marriages a main contributing factor for adolescent pregnancy.

- Therefore, it is pertinent to avoid pregnancy amongst girls in order to provide them with a brighter future. Effective Comprehensive Sexual Education can help reduce unintended pregnancies to keep girls in schools and transmission rate for Sexually Transmitted Infections to improve their health outcome.

- FRHAM together with other NGOs are against child marriages and advocates to set a minimum age for marriage to 18 for all.
Unclothed, injured newborn baby found dumped in Temerloh neighbourhood

A newborn baby boy was found abandoned in front of a house in Taman Temerloh Jaya yesterday by a member of the public. Pic courtesy of NSTP reader.
Body of newborn baby boy found dumped at bus stop

KUALA LUMPUR (Bentama): The body of a newborn baby boy stuffed in a plastic bag was found dumped at the bus stop in front of Flat Sri Intan, Jalan Bukit Permai near here Wednesday (June 5).

Ampang Jaya police chief ACP Noor Azmi Yusof said a 14-year-old girl found the body at 6.40pm and alerted the police.

"A medical officer despatched to the scene from the Ampang Hospital confirmed that the baby was dead," he said in a statement here on Thursday (June 6).

He added the body was sent to the Universiti Kebangsaan Malaysia Medical Centre for forensic tests, adding that the investigation is on-going. - Bernama
IPPF

7 elements of CSE

1. Gender
2. Sexual Reproductive Health and HIV
3. Sexual citizenship rights
4. Pleasure
5. Freedom from violence
6. Diversity
7. Relationships
ITGSE (2018)  
8 key concepts

1. Relationships  
2. Values, rights, culture and sexuality  
3. Understanding gender  
4. Violence and staying safe  
5. Skills for health and well being  
6. Human body and development  
7. Sexuality and sexual behaviour  
8. Sexual and reproductive health
DOES CSE encourages sex?

- WHO have demonstrated that CSE does NOT increased sexual activity or lead youths to engage in sex at an early age


- EVIDENCE
  1. Delays sexual debut
  2. Reduces frequency of sexual intercourse
  3. Reduces the number of sexual partners
  4. Help young people to use condoms and/or contraception more consistently
  5. Reduces teenage pregnancies
  6. Reduces HIV and sexually transmitted infections

Development of Women’s Health Education Module (WHEM) in 1997.


Adoption of Youth Policy Statement to Promote Youth Participation in 2001.

RHAM in Malay and English languages published in 2002.
THE Journey of FRHAM’s Comprehensive Sexuality Education

2003
- RHAM in Islamic Perspective was published (UNFPA)
- Development of e-RHAM Islamic version
- Training of trainers (ToT) on Islamic RHAM conducted for service providers and young people

2004
- RHAM in Tamil and Chinese languages were published

2008
- Youth Empowering through Sexual Reproductive Health knowledge (UNFPA)
- “Perjalanan Kehidupan”, training manual for both sexual and reproductive health & HIV/AIDS was published.

2014
- Life Journey Module was published in English
- Training of Trainers (ToT) for service providers and young people

2015
- Life Journey’s Module in Malay, Tamil and Chinese languages were published
- Engaging Youth in the response to HIV/AIDS
- Reaching out to Disadvantaged Youth in SRH and HIV
Is there sex education in school?

- Yes, though the term “sexuality education” is not used

- Introduced by the Ministry of Education in secondary schools in 1989 and extended to primary schools in 1994 and preschools in 2004

- Changes were made to the curriculum in 2006 and it was called “Reproductive Health and Social Education” (PEERS). It is covered in Year 1 to Form 5

- PEERS covers various topics regarding sexual and reproductive health and is integrated into subjects like Science, Biology, religious and moral education and physical education among others
Ministry of Health.

- Introduced "National Adolescent Policy" in 2001,
- National Adolescent Health, program of Action (2006-2020),
- Strengthening of SRH services including provision of contraceptives to unmarried young people (2002-2005),
- Guidelines on management of Adolescent and reproductive health issues in Health Clinics (2012),
- Modules - Adolescent secret, Adolescent searching for love, PROSTAR
Comprehensive Sexuality Education for Malaysian Adolescents: How far have we come?

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QUALITATIVE Study

- Two different qualitative approaches
  1. Focus Group Discussions (FGDs)
  2. In-Depth Interviews (IDIs)
- 4 FGDs (104 adolescents; 29 parents/teachers)
- 4 IDIs (MOH, MOE, NPFDB and NUTP)
- April to June 2018
- Perak, Kuala Lumpur and Johor
EXISTING GAPS

- Lack of trained teachers/fear amongst teachers on being labeled as “SEX Teacher” or accused of sexual harassment
- Lack of parent/family involvement
- Lack of monitoring and evaluation of the existing curriculum made available in schools
- Poor political willpower in the past
Increase and support efforts to widen the coverage of the existing CSE curriculum/programmes

Invest in conducting a more robust monitoring and evaluation mechanism

Create an enabling support system for adolescents to access CSE

Ensure adequate resource allocation for effective implementation of CSE programmes

Strengthen multi-disciplinary collaborations and efforts

Include/increase youth participation at all stages of advocacy, development, implementation, monitoring and evaluation of CSE programmes
CONCLUSION

- Malaysia has made great strides in achieving ICPD POA, MDG, SDGs. Nonetheless, there remains various challenges including meeting the reproductive health and rights needs of the young people especially for CSE and access to reproductive health services. A stagnant CPR with still high unmet needs and the lowest ever birth rate.

- Improved CSE curriculum, wider coverage, better coordination and monitoring system, policy changes, adequate resources, political will and concerted efforts by all stakeholders is vital in meeting the reproductive health and rights needs of the young people.
CONCLUSION

◆ To increase contraceptive prevalence will require strengthening the information, education and skills development of health care providers, repositioning of family planning, more public awareness on benefits and side effects of modern contraceptives, keeping abreast with modern contraceptive technology including LARC, male/boy responsibility programs, better data collection and monitoring including from the young and unmarried, collaboration and coordination with all stakeholders and delivery of quality services to all without discrimination and stigmatization.
THANK YOU

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