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STATEMENT BY

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LEADER OF MALAYSIAN DELEGATION

ON AGENDA ITEM 8: EXPERIENCES

IN POPULATION AND DEVELOPMENT STRATEGIES

AND PROGRAMMES,

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT,

CAIRO

TUESDAY, 6 SEPTEMBER 1994

Honourable President,

Your Excellencies,

Distinguished Delegates,

Ladies and Gentlemen,

On behalf of the Malaysian delegation, I would like to express our sincere appreciation to the Government and people of Egypt for the warm hospitality accorded to us. The Malaysian delegation also joins in congratulating you on your election as President of this important conference.

Mr. President,

We meet again after 10 years in this auspicious gathering of our international community to voice the commitment of all our Governments to deal with critical issues facing us as we march towards the twenty-first century. Chief among these is to put to test how linkages between population, sustained economic growth and sustainable development can be implemented and achieved. The starting point, I believe, is that this conference must be about people and human development and that people remain the centre of our deliberations.

In this regard, we would like to share with you some of Malaysia's population and development policies and strategies. The thrust of our current Second Outline Perspective Plan (from the period 1991 - 2000) is the emphasis on human resource development including health, education, skill training and employment. We believe that population are our principal resource and therefore our development strategy is aimed at improving the quality of our people and to enable them to enjoy the benefits of development. This emphasis is further reflected in our Vision 2020, Malaysia's forward looking development strategy which will propel Malaysia towards being an industrialized country by the year 2020, while at the same time, nurturing the aspirations of a caring culture and a caring society.

The integration of population in various facets of development therefore will remain critical in the years to come. The successful transformation of Malaysia's economic structure towards an industrialized based economy will, to a large extent, hinge on investment in human resources. To initiate this process, population factors have been an integral part of our development process since the inception of the government's socioeconomic development plans in the 1960's and have continued to be integrated into subsequent development plans.

Malaysia has a young population with more than one third of its 19 million population comprising those below 15 years. The average annual growth rate of the population for the period 1980 - 1991 was 2.6 percent, with natural increase accounting for 2.2 percent. There is also a clear trend towards aging of the population, currently at about 4.0 percent due to longer life expectancy and lowered mortality.

Mr. President,

With the rapid socio-economic development in the country, the last decade has witnessed a significant decline in fertility, and is expected to decline further due to the tight labour market situation, the participation of women in the labour force, and improved education of women. Substantial reductions in mortality levels have also been evident in virtually all age groups, with significant declines in infant, young child and maternal mortality. Infant Mortality Rate was registered at 12.3 per 1000 live births in 1992 while Maternal Mortality Rate was 20 per 100,000 live births.

Based on our population trends and a recent reassessment of our projections, Malaysia's population is expected to grow to about 22.6 million by the year 2000 and about 32 million by the year 2020. In the next 3 decades Malaysia will still have a moderately young population with a steady increase in the elderly. Hence appropriate steps have to be undertaken to plan for the needs of adolescents, youths and the elderly.

Within a relatively short period, Malaysia has also succeeded in addressing more effectively the problems of poverty and economic imbalances. Today, while absolute poverty has almost been eradicated, this readdressal for social and economic justice continues to remain a development priority with a current focus on the upliftment of the poorest of the poor.

Mr. President,

Since Independence in 1957, Malaysia has invested in resources for rural development, which among others are in education and health care.

Our rural health care programme is one that Malaysia is proud of in terms of facilities, manpower and a comprehensive range of preventive, curative rehabilitative and promotive services it provides. Our maternal and child health and family planning services, as the major component of primary health care services, are accessible and available to almost all the population through static or mobile facilities. As these services are primarily provided for by the Government, the issue of services being affordable and equitable is a prime concern. The National Family Planning programme, initiated in 1966, has since managed to make available family planning services in both rural and urban sectors through integration with various service implementors; the major one being the Ministry of Health which provides family planning as an essential component of MCH services. Other components of reproductive health care aside from prenatal and maternity services include management of reproductive tract infections, cancers, and more recently, management of infertility. Concerned for the rapid spread of HIV/AIDS has prompted the Government to take early proactive measures in this regard which includes a 6-year Healthy Life Style campaign from 1990 to 1996.

Mr. President,

The Government's priority for a better health for women, children and families has yielded positive results as is evident in our low infant and mortality rates. However, we are taking steps to further improve this and especially to reduce preventable and avoidable causes of maternal mortality through newer approaches in Safe Motherhood Initiatives and the implementation of the Risk Strategy in MCH care.

Mr. President,

In acknowledging the need for gender equality and empowerment of women, the Malaysian Government has actively promoted measures to facilitate their access to social, economic and political opportunities. The National Policy for Women was implemented in 1989 with the objectives of ensuring equitable sharing in the acquisition of resources and information as well as access to opportunities of development, and the integration of women in all sectors of national development. Education has been a major factor and in 1990, female students enrollment and retention within the formal education sector has continued to be stabilized at the tertiary level. Forty-seven percent of women are participating in the paid labour force and this is expected to increase to 52 percent by the year 2000.

Mr. President,

Permit me to deliberate further on some of the issues that have generated much recent debate. The outcome of this Conference will be largely dependent on our stand with regards to the acceptance of the Principles of the Programme of Action. While we agree with the principles and for what they stand for, Malaysia would like to suggest that the sovereign right of countries to develop their own population policies and programmes be the overriding principle or statement to Chapter 2. This suggestion is based on the premise that though we would earnestly hope for a consensus document, the demographic, economic and social diversities of our countries have to be acknowledged and local ethos, values and norms be given due respect and recognition.

Mr. President,

Malaysia would like to reiterate its stand from PrepCom 2 for the need

to incorporate ethical and moral perspectives in dealing with this document and related issues. While we recognize the need to respect basic human and individual rights in dealing with issues such as the centrality of the individual, reproductive and sexual rights and freedom of choice, we believe that values and responsibilities cannot be sacrificed on the alter of human and social development. We would need to maintain a just balance between the demand for rights and the fulfilling of individual and societal responsibilities.

As an example, Malaysia's Constitution and legal provisions would not allow the provision of abortion services as a reproductive health service.

We maintain that prevention and not interruption of pregnancy be the method of choice. Hence it is our duty to enlighten especially women, to empower them, take them out of the dark, as we must remember that developing countries still face problems of unsafe abortions leading to maternal deaths among married women with high fertility. The humane management of complications of abortions, as is the management of any other reproductive tract diseases, infection or disorder must be a component of reproductive health services.

Malaysia agrees that adolescent health is an area requiring due attention as we are now faced with the problems of unwanted pregnancies, unsafe abortion, STD and HIV/AIDS. We should take immediate steps to strengthen provision of knowledge and education, guidance and counseling services, improve parenting and family life education and skills and instill responsible behaviour among youth and adolescents. In designing programmes and strategies for youth and adolescent sexuality and reproductive health, due caution must be taken so as not to give the connotation of sexual permissiveness and unhealthy sexual and

reproductive practices and life styles, the undesirable effects of which are evident.

Mr. President,

We also feel that it is time now that we go back to basics of family, family life and values and to strengthen the family institution particularly as we will encounter even greater challenges within the next century. We believe that the concept of the traditional family must not be lost as there is a need to protect rights and to exercise responsibility of spouses and family members in view of the diversity of families existing today. We support the need for family sensitive policies and the elimination of practices which endanger the health and well-being of women, children and families, such as child marriages, genital mutilation, child prostitution and abuse among the many other forms of domestic and family violence.

Mr. President,

We would be doing a great injustice if we were to discredit the document in its entirety as it does contain good and positive aspects which we must support in order to create a better world for the next 20 years. The need to integrate population concerns in all aspects of social, economic and environmental development and policies cannot be underscored; nor can the need for balance between production and consumption patterns and environmental preservation and sustainable development.

We recognize that positive actions have to be undertaken to improve the health and well-being of individuals, families and societies

particularly in addressing poverty, to reduce the undesirable levels of infant and maternal mortality of developing countries and the need for continued cooperation and support between countries and international organizations.

The emergence of a borderless world and ensuing present and future problems such as international migration and modern technology and communication will also pose challenges in many facets of population and development.

To achieve this plan, equitable allocation of resources for developing countries is imperative, without imposition of conditions for provision of external aid and assistance.

It is therefore our hope the outcome of this Conference will serve as an acceptable reference for our governments to strive ahead in order for our people to face the realities of today and to prepare for the challenges of tomorrow.

Thank you.

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