



Global Survey ICPD Beyond 2014

Malaysia Country Report

21 December 2012

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ABBREATION AND GLOSSARY

1MF1st	1Malaysia Family First
1M YES	1Malaysia Youth Empowerment and Support
3Ps	Public, Private and People
6P	Registration, Legalization, Amnesty, Supervision, Enforcement and Deportation of foreign workers or <i>Pendaftaran, Pemutihan, Pengampunan, Pemantauan, Penguatkuasaan Dan Pengusiran</i>
ACCRH	Advisory and Coordinating Committee on Reproductive Health
ACWC	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children
ADB	Asian Development Bank
A&E	Accident & Emergency
AFR	Adolescent fertility rate
AICHR	ASEAN Intergovernmental Commission on Human Rights
AIDS	Acquired immune deficiency syndrome
AIM	<i>Amanah Ikhtiar Malaysia</i>
ANC	Antenatal Care
APCoP	Asia-Pacific Community of Practice on Managing for Development Results
APDM	Students' Data Application or <i>Aplikasi Pangkalan Data Murid</i>
ASB	<i>Skim Amanah Saham Bumiputera</i>

ASEAN	Association of South East Asian Nations
ASRH	Adolescent sexual and reproductive health
AWAM	All Women's Action Society Malaysia
BCC	Behavior Change Communication
BCIC	<i>Bumiputera</i> Commercial and Industrial Community
BEAT	Barrier-Free Environment and Accessible Transport Group
BOT	Aid for Older Persons
BR1M	1 Malaysia People's Aid or <i>Bantuan Rakyat 1 Malaysia</i>
BSE	Breast Self Examination
CBR	Community-Based Rehabilitation
CCM	Country Coordinating Mechanism of the Global Fund Programme in Malaysia
CDP	Corridor Development Plans
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEMD	Confidential Enquiry into Maternal Deaths
CETDEM	Centre for Environment, Technology and Development, Malaysia
CPR	Contraceptive prevalence rate
CSOs	Civil society organisations
CSR	Corporate social responsibility
DET	Disability Equality Training
DMT	WHO Decision Making Tool for Family Planning Clients and Providers

DoA	Department of Agriculture
DoF	Department of Fisheries
DoSW	Department of Social Welfare
DoNU	Department of National Unity or <i>Jabatan Perpaduan Negara dan Integrasi Nasional</i>
DWD	Department for Women's Development
EAROPH	Eastern Regional Organisation for Planning and Housing
ECER	Eastern Corridor Economic Region
ECERDC	East Coast Economic Region Development Council
EmOC	Emergency obstetric care
EPF	Employees Provident Fund
EPSM	Environmental Protection Society Malaysia
EPU	Economic Planning Unit, Prime Minister's Department
E-RHAM	Electronic version of the Reproductive Health of Adolescents Module
ESCAP	Economic and Social Commission for Asia and the Pacific
ETP	Economic Transformation Program
FCO	Foreign & Commonwealth Office, United Kingdom
FELCRA	Federal Land Consolidation and Rehabilitation Authority
FELDA	Federal Land Development Authority
FFPAM	Federation of Family Planning Associations, Malaysia

FGM/C	Female genital mutilation/cutting
FHE	Family and Health Education
FMM	Federation of Malaysian Manufacturers
FOMEMA	Foreign Workers Medical Examination and Monitoring Agency
FP	Family planning
FPA	Family Planning Association
FRHAM	Federation of Reproductive Health Associations, Malaysia
GDP	Gross domestic product
GEF	Global Environment Facilities
GEM	Gerontological Association of Malaysia or <i>Persatuan Gerontologi Malaysia</i>
GFP	Gender Focal Point
GRB	Gender Budgeting
GTP	Government Transformation Programme
HAART	Highly active antiretroviral therapy
HALUAN	<i>Pertubuhan Himpunan Lepas Institusi Pengajian Tinggi Malaysia</i>
HAWA	Secretariat for Women's Affairs, Prime Minister's Department
HIV	Human immunodeficiency virus
HPV	Human Papillomavirus
ICOMP	International Council on Management of Population Programmes
ICPD	International Conference on Population and Development

ICT	Information and communication technology
ICU	Implementation Coordinating Unit
IDPs	Internally Displaced Persons
IDU	Injecting drug user
IEC	Information, Education and Communication
IEP	Individual Education Plan
IG	Institute of Gerontology, University Putra Malaysia
ILO	International Labour Organization
IPCC	Intergovernmental Panel on Climate Change
IPPF	International Planned Parenthood Federation
IRDA	Iskandar Regional Development Authority
JAKOA	Department of <i>Orang Asli</i> , Malaysia or <i>Jabatan Kemajuan Orang Asli Malaysia</i>
JICA	Japan International Cooperation Agency
JKJR	Department of Road Safety or <i>Jabatan Keselamatan Jalan Raya</i>
JKKK	Village Development and Security Committees or <i>Jawatankuasa Kemajuan dan Keselamatan Kampung</i>
KAED	Kulliyyah of Architecture and Environmental Design, Universal Design Unit, International Islamic University Malaysia
KAP	Curriculum Programme for Indigenous and Penan or <i>Kurikulum Asli Penan Programme</i>
K-economy	Knowledge-based economy

KEDA	Kedah Regional Development Authority or <i>Lembaga Kemajuan Wilayah Kedah</i>
KEDAP	Adult Class Programme for Indigenous People or <i>Program Kelas Dewasa Ibu Bapa Murid Orang Asli dan Peribumi</i>
KEJORA	South East Johor Development Authority or <i>Lembaga Kemajuan Johor Tenggara</i>
KEMAS	Community Development Department, Ministry of Rural and Regional Development or <i>Jabatan Kemajuan Masyarakat, Kementerian Luar Bandar dan Wilayah</i>
KKLW	Ministry Of Rural And Regional Development or <i>Kementerian Kemajuan Luar Bandar dan Wilayah</i>
KMS	Keeping Me Safe Programme
KTP	Knowledge Transfer Partnership
LIH	Low Income Households
LLIFE	Lifelong Learning Initiative for the Elderly
LINUS	Literacy and Numeracy Screening Programme
MA	Member Association
MAAH	Malaysian Association for Adolescent Health
MAC	Malaysian AIDS Council
MAKPEM	National Council of Welfare Organizations or <i>Majlis Kebajikan dan Pembangunan Masyarakat Kebangsaan Malaysia</i>
MAPO	Council for Anti-Trafficking in Persons or <i>Majlis Antipemerdagangan Orang dan Antipenyeludupan Migran</i>
MARDI	Malaysian Agriculture Research & Development Institute

MARPs	Most at risk populations
MBMMBI	Policy to Uphold Bahasa Malaysia and to Strengthen the English Language
MCCM	Malay Chamber of Commerce Malaysia
MCH	Maternal and Child Health
MCPF	Malaysian Crime Prevention Foundation
MDG	Millennium Development Goal
MECD	Ministry of Entrepreneur and Cooperative Development
MEDACT	Malaysian Erectile Dysfunction Advisory Council & Training
MEF	Malaysia Employers Federation
M-EPR	Malaysia Education Policy Review
MKRAs	Ministerial Key Result Areas
MMA	Malaysian Medical Association
MMR	Maternal mortality ratio
MNCCRH	Malaysian NGO Coordinating Committee on Reproductive Health
MNS	Malaysian Nature Society
MOA	Ministry of Agriculture and Agro-based Industry or <i>Kementerian Pertanian & Industri Asas Tani</i>
MOE	Ministry of Education or <i>Kementerian Pendidikan</i>
MOF	Ministry of Finance or <i>Kementerian Kewangan</i>
MOH	Ministry of Health or <i>Kementerian Kesihatan</i>

MOHA	Ministry of Home Affairs or <i>Kementerian Dalam Negeri</i>
MOHE	Ministry of Higher Education or <i>Kementerian Pengajian Tinggi</i>
MOHR	Ministry of Human Resources or <i>Kementerian Sumber Manusia</i>
MOT	Ministry of Tourism or <i>Kementerian Perlancongan</i>
MOU	Memorandum of Understandings
MP	Malaysian Plan
MPFS	Malaysian Population and Family Survey
MPKSM	Central Welfare Council of Peninsular Malaysia or <i>Majlis Pusat Kebajikan Semenanjung Malaysia</i>
MQF	Malaysian Qualifications Framework
MREC	Medical Research Ethic Committee
MRRD	Ministry of Rural and Regional Development or <i>Kementerian Kemajuan Luar Bandar dan Wilayah</i>
MSM	Men who have sex with men
MWFCD	Ministry of Women, Family and Community Development
MYC	Malaysian Youth Council
MYI	Malaysian Youth Index
MYS	Ministry of Youth and Sports
NACCE	National Advisory and Consultative Council for the Elderly
NACSCOM	National Council of Senior Citizens Malaysia
NBOS	National Blue Ocean Strategy

NCER	Northern Corridor Economic Region
NCIA	Northern Corridor Implementation Authority
NCWO	National Council of Women’s Organisations
NDP	National Development Policy
NEM	New Economic Model
NEP	New Economic Policy
NFP	National Family Policy
NGO	Non-government organization
NKRAs	National Key Results Areas
NPE	National Policy for the Elderly
NPFDB	National Population and Family Development Board
NPP 2	National Physical Plan 2
NRE	Ministry of Natural Resources and Environment
NSEP	Needle Syringe Exchange Programme
NSP	National Social Policy
NSP on HIV and AIDS	National Strategic Plan on HIV and AIDS
NSWP	National Social Welfare Policy
NUP	National Urbanization Policy
NVP	National Vision Policy

NYCC	National Youth Consultation Council or <i>Majlis Perundingan Belia Negara</i>
OBB	Outcome Based Budgeting
<i>Orang Asli</i>	Indigenous Population
OSCC	One-Stop Crisis Centre
PDRM	Police or <i>Polis Di Raja Malaysia</i>
PEERS	Reproductive Health and Social Education or <i>Pendidikan Kesihatan Reproduksi dan Sosial</i>
PEMANDU	Performance Management and Delivery Unit
PBTs	Local authority or <i>Pihak Berkuasa Tempatan</i>
PKRS	Youth Development Programme or <i>Program Pembangunan Remaja</i>
PLHIV	People Living with HIV
PLKN	National Service Training Programme or <i>Program Latihan Khidmat Negara</i>
PLKS	<i>Pas Lawatan Kerja Sementara</i>
PMTCT	Preventing Mother-to-Child Transmission of HIV
POA	Programme of Action (of the ICPD)
POs	Partner Organisations of Malaysian AIDS Council
PPRT	Development Programme for the Hardcore Poor or <i>Program Pembangunan Rakyat Termiskin</i>
PRIMA	1Malaysia Public Housing project or <i>Program Skim Perumahan Rakyat 1Malaysia</i>
PROSTAR	Healthy Youth Without AIDS Programme or <i>Programme Sihat Tanpa AIDS Untuk Remaja</i>

PS THE CHILDREN	Protect & Save the Children Association of Selangor & KL
PTF	PT Foundation
PTPK	Skills Development Fund Corporation
PTPTN	National Higher Education Fund Corporation or <i>Perbadanan Tabung Pendidikan Tinggi Nasional</i>
PWDs	People With Disabilities
RDA	Rural Development Authorities
RECODA	Regional Development Corridor Authority
RELA	People's Volunteer Corps or <i>Ikatan Relawan Rakyat Malaysia</i>
RH	Reproductive Health
RIMUP	Student Integration Plan for Unity or <i>Program Rancangan Integrasi Murid Untuk Perpaduan</i>
RISDA	Rubber Industry Smallholders Development Authority
ROS	Registrar of Societies
RRAAM	Reproductive Rights Alliance Advocacy Malaysia
RTC	Rural Transformation Centre
SCAN	Suspected Child Abuse and Neglect
SCCRH	State Coordinating Committee on Reproductive Health
SCORE	Sarawak Corridor of Renewable Energy
SDC	Sabah Development Corridor

SEDIA	Sabah Economic Development and Investment Authority
SMOKU	Information Management System of People with Disabilities or <i>Sistem Pengurusan Matlumat Orang Kurang Upaya</i>
SP	State Structure Plans
SPKR	<i>Skim Pembangunan Kesejahteraan Rakyat</i>
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STD	Sexually transmitted disease
STI	Sexual transmitted infection
SUHAKAM	Human Rights Commission of Malaysia or <i>Suruhanjaya Hak Asasi Manusia Malaysia</i>
SW	Sex worker
Talent Corp	Talent Corporation Malaysia
TB	Tuberculosis
TEVT	Technical education and vocational training
TOD	Transit Oriented Development
TOT	Training of Trainers
TS	Transsexuals
TWN	Third World Network
U3A	University of the Third Age
UDHR	Universal Declarations of Human Rights 1948

UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UN ECOSOC	United Nations Economic and Social Council
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UN HABITAT	United Nations Human Settlements Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UPM	University Putra Malaysia
USIAMAS	<i>Golden Age Welfare Association Malaysia or Persatuan Kebajikan USIAMAS</i>
UTC	Urban Transformation Centre
VCT	Voluntary Counselling and Testing
WAO	Women’s Aid Organisation
WFO	World Family Organisation
WHO	World Health Organisation
WWC	World Wide Consortium

Introduction: Global Survey ICPD Beyond 2014, Malaysia

Malaysia in Brief

Malaysia is a high-middle income country with a population of 28.3 million¹. The country's ethnic groups include Malay (55 per cent), indigenous (11.9 per cent), ethnic Chinese (24.4 per cent), ethnic Indians (7.4 per cent) and others (1.3 per cent). Islam is the predominant religion but a range of religions are represented, including Buddhism, Hinduism and Christianity. The official language is Bahasa Malaysia (Malay) but English is widely used, as are Chinese and Tamil dialects within those communities.

Since independence in 1957, Malaysia has been transformed from a commodity-based economy focusing on rubber and tin to one of the world's largest producers of electronic and electrical products, and it is the world's second largest exporter of palm oil, and one of the region's major oil and gas exporter. According to key development indicators, Malaysia is now a high middle-income, export-oriented economy, with per capita GDP (in current prices) of US\$10,085 in 2012, life expectancy of 74 years and gross primary school enrolment of 100 per cent of the school-age population.

Malaysia's economic development policies are enunciated in a number of guiding documents which include: Vision 2020; the National Mission (2006-2020); the Tenth Malaysia Plan (2011-2015); the New Economic Model (2009); and the Economic Transformation Programme (2010). Vision 2020, launched in 1991, sets out Malaysia's plan to achieve developed-economy status by 2020. Specific targets include increasing real GDP eightfold between 1990 and 2020 — translating to average annual growth of seven per cent — and increasing per capita income by a factor of four.

¹ Department of Statistics, Malaysia (2011) *Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010*.

The National Mission provides a framework for Malaysia to achieve Vision 2020. It builds on previous policies including the National Vision Policy (introduced in 2001), the National Development Policy (introduced in 1991) and the New Economic Policy (introduced in 1970). These policies were designed to eradicate poverty and advance the economic position of Bumiputeras ('sons of the soil') — mainly Malays but also other indigenous groups).

The Tenth Malaysia Plan, the economic blueprint for 2011-2015, places emphasis on becoming a high-income nation, inclusiveness and sustainability. In 2009, the National Economic Advisory Council unveiled a New Economic Model for Malaysia, presenting an overall framework for transforming Malaysia from a middle income to an advanced nation by 2020.

(Source: http://www.dfat.gov.au/geo/malaysia/malaysia_brief.html)

Previous Evaluation Activities Related to ICPD

Prior to the Global Survey ICPD Beyond 2014, Malaysia has carried out the following evaluation activities to assess the progress made and highlight the challenges ahead:

- Federation of Family Planning Associations Malaysia (FFPAM), 1999. ICPD +5 – Country Report of Malaysia
- FFPAM, 2004. ICPD Ten Years On: Country Monitoring and Advocacy of Sexual and Reproductive Health and Rights – Country Report of Malaysia
- NPFDB, 2005. Implementation of the ICPD POA in Malaysia
- Federation of Reproductive Health Association Malaysia (FRHAM) and UNFPA, 2010. International Conference on Population and Development +15, ICPD 3rd Country Report of Malaysia: NGO Perspectives
- FRHAM and Reproductive Rights Advocacy Alliance Malaysia (RRAAM) (undated). ICPD 15 Monitoring and Advocacy on Sexual and Reproductive Health and Rights (SRHR) - Country Report of Malaysia: NGO Perspectives on “Increasing Access to the Reproductive Right to Contraceptive Information and Services, SRHR Education for Youth and Legal Abortion”
- NPFDB, 2012. Second Population Strategic Plan Study (2009-2010)

Global Survey Objectives

- Assess the implementation status of commitments made in Cairo in 1994, with emphasis on legislation and policy formulation, establishment of governance structures and actions executed (MDGs will also be referred to where applicable)
- Identify facilitating factors, as well as barriers to the implementation of commitments.
- Identify new national priorities and emerging issues.

Objectives of the Survey at the National Level

To stimulate dialogue among the various stakeholders by

- (i) fostering a shared understanding of achievements and challenges;
- (ii) identifying opportunities to accelerate the achievement of results, particularly with respect to areas where implementation is lagging behind;
- (iii) renew commitment to and ownership of the Cairo PoA; and
- (iv) strengthen and broaden partnerships around ICPD issues

Structure of Global Survey and Methodology

This survey is based on the standard questionnaire provided by the United Nations. It covered the following eight sections:

Section 1: Population, sustained economic growth and sustainable development

Section 2: Population Growth and Structure

Section 3: Urbanization and Internal Migration

Section 4: International Migration and Development

Section 5: Family, Wellbeing of Individuals and Societies

Section 6: Reproductive Rights and Reproductive Health and Health, Morbidity and Mortality

Section 7: Gender Equality, Equity and Empowerment of Women

Section 8: Population, Development and Education

The survey was conducted mainly through self-administered questionnaires. Prior to the start of the survey and the inception meeting, the Economic Planning Unit (EPU) of Prime Minister's

Department sent out the questionnaire to all the relevant Ministries and Departments, and informed them the objectives of the survey. During the inception meeting at the Economic Planning Unit on 3rd October 2012, the representatives (respondents) of the Ministries/Departments were given a detailed briefing of the survey, section by section, and the relevant parties for each section were identified (see table 1). Each Ministry/Department then provided a list of Non-government Organizations (NGOs) that work as their partner in addressing ICPD objectives. Subsequently, the consultants and EPU officials followed up on the progress of the survey with the designated respondents and answered any query that they might have. Due to the low response rate from the NGOs, the consultants have to resort to published reports to gather information on their missions, objectives and activities.

Based on the responses received, the consultants made references to official documents, published reports/articles and portals of the Ministries/Department for more detailed information on the policies, programmes and strategies. The main official documents include the Outline Perspectives Plans, Malaysia Plans, the New Economic Model report, departmental annual reports, Millennium Development Goals reports, official website/portals of the Ministries/Department and other internet resources.

An internal meeting between the consultants and officials from EPU was held on 23rd November to take stock of the completeness of the survey, and review the draft report. At the meeting, various gaps were identified and the report of the relevant section was sent back to the Ministry/Department to fill in the gaps, and to clarify/elaborate on some of their responses. Responses from the different agencies are generally consistent, and complementing and supplementing one another.

Table 1: Government Ministries/Department Identified as Key Informants for Specific Section of the Survey

Section 1: Population, sustained economic growth and sustainable development	MRRD MWFC Ministry of Federal Territory and Urban Wellbeing MYS EPU (Agriculture, Distribution, Social Services, Services Industry and Environment and Natural Resources Sections)
Section 2: Population Growth and Structure	MWFC MOE MYS MOH MOHE Orang Asli Department (Department for Indigenous People) EPU (Human Capital Development, Distribution, and Social Services Sections)
Section 3: Urbanization and Internal Migration	MRRD MHLG Ministry of Federal Territory and Urban Wellbeing EPU (Regional Development Section)
Section 4: International Migration and Development	MOFA MOHR MOHA EPU (Human Capital Development Section)
Section 5: Family, Wellbeing of Individuals and Societies	MWFC MOH EPU (Social Services Section)
Section 6: Reproductive Rights and Reproductive Health and Health, Morbidity and Mortality	MWFC MOH EPU (Social Services Section)
Section 7: Gender Equality, Equity and Empowerment of Women	MWFC EPU (Social Services Section)
Section 8: Population, Development and Education	MOE MOHE MOHR MWFC EPU (Human Capital Development and Social Services Section)

The consultants then made the necessary revisions based on the feedback to the draft report, and further personal consultations with the “respondents”. The revised report was circulated prior to the validation workshop held on 11 December 2012. The workshop was chaired by the Deputy Director General (Policy) of EPU and attended by officials from all the relevant Ministries/Departments and a few representatives from the NGOs (mainly the youths). At the validation workshop, the report was scrutinized for accuracy and timeliness of facts and figures. The revised report was circulated to officials of the relevant Ministries and Departments for their endorsement.

The report covers almost all the issues contained in the questionnaire, except a few that are not applicable to Malaysia. Each section of the report begins with a brief overview of the current situation, and re-stating the ICPD basis for action and objectives, to provide a framework for analyzing the progress made towards achieving these objectives. This is followed by a description and analysis of the survey results, with additional information from reliable sources. Looking beyond 2014, some recommendations were put forth in the conclusion.

SECTION 1: POPULATION, SUSTAINED ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

Introduction

In the 1960s the growing concern on the implications of rapid population growth and serious unemployment problem led to the launching of the National Family Planning Programme in 1966 as part of the First Malaysia Plan (1966-1970) to lay the foundation for the reduction of fertility and slowing down the rate of population growth. The National Family Planning Board (renamed National Population and Family Development Board – NPFDB in 1984) was set up under the Prime Minister’s Department as the lead agency in implementing the family planning programme. With financial and technical support of the World Bank and UNFPA, the Population and Family Health Programme was implemented in the late 1970s to expand the scope of the population programme beyond family planning with the introduction of population and family life education, and the establishment of Population Studies Unit at the University of Malaya. Population factors have been incorporated in the sectoral planning in all the five year Malaysia Plans, beginning with the First Malaysia Plan (1966-970). In subsequent plans, specific chapters were devoted to address issues pertaining to the youth and women^{2,3}.

In the initial stage of the programme, numerical targets in terms of number of new acceptors were set, aiming to reduce the fertility level. In the 1980s, the declining fertility and the emergence of a tight labour market prompted the Government to call for a review of the population policy, with the announcement in 1984 a new population policy during the Mid-term Review of the 4th Malaysia Plan (1981-85) to attain a population of 70 million by 2100. The rationale of the policy was to have a large domestic market to support the ambitious

² Noor Laily, A., B. A. Tan, O. Ramli and L. C. Kuan (1982). *Facts and Figures: Malaysia National Population and Family Development Programme*. Kuala Lumpur: National Family Planning Board.

³ Tey Nai Peng (2007). The Family Planning Programme in Malaysia in Warren Robinson and John Ross (eds.), *The Emergence of Family Planning Programmes in the Developing World*, World Bank.

industrialization programmes⁴. Since then family planning has been de-emphasized and the programme thrust has shifted to family development and reproductive health services. Subsequently, there has been policy shift from numerical targets to quality population focusing on human capital and human resource development.

Since 1970 the family planning services has been integrated into maternal and child health services of the Ministry of Health Malaysia. However, family planning services continued to be provided as part and parcel of the reproductive health services by the National Population and Family Development Board (NPFDB), in partnership with the Federation of Reproductive Health Associations Malaysia (formerly known as the Federation of Family Planning Associations Malaysia).

During the period prior to and after the 1994 ICPD, policies were formulated and programmes/strategies implemented for specific target groups such as the urban population (National Urbanization Policies, National Physical Plan), older persons (National Policy for the Elderly 1996 and revised as National Policy for Older Persons in 2010), the youth (National Youth Development Policy and National Adolescents Health Policy) and women (National Policy on Women)^{5,6,7,8}. All these policies will be discussed under the relevant sections of this report.

In order for Malaysia to become a developed and high income country in 2020, the Government unveiled in 2009 the New Economic Model (NEM) to generate benefits for all Malaysians. The pro-poor inclusive growth goal and approach of NEM will ensure that no groups be marginalized and the essential needs of the people will be satisfied. The market-friendly affirmative action programmes in line with the principle of inclusiveness will target

⁴ Economic Planning Unit, Prime Minister's Department (1983), *Mid-term Review of Fourth Malaysia Plan (1981-1985)*

⁵ Economic Planning Unit, Prime Minister's Department (1991), *Second Outline Perspective Plan (1991-2000)*

⁶ Economic Planning Unit, Prime Minister's Department (2001), *Third Outline Perspective Plan (2001-2010)*

⁷ Economic Planning Unit, Prime Minister's Department (2006), *Ninth Malaysia Plan (2006-2010)*

⁸ Economic Planning Unit, Prime Minister's Department (2010), *Tenth Malaysia Plan (2011-2015)*

assistance to the bottom 40 per cent of households. It also allows access to resources on the basis of needs and merits bringing about improvement in capacity, incomes and well-being, and has sound intellectual frameworks for better monitoring and effective implementation⁹.

3.0 ICPD Basis for Actions and Objectives

The ICPD discussed the interrelationship between population, sustained economic growth and sustainable development in three sections, summarized below:

Integrating population and development strategies

Population affects and is in turn affected by development. Human activities are interrelated with population change, use of natural resources, the environment and the pace of economic and social development. Unsustainable consumption and production patterns are contributing to the unsustainable use of natural resources and environmental degradation as well as to the reinforcement of social inequities and of poverty with the above-mentioned consequences for demographic parameters such as population growth, structure and distribution.

The Rio Declaration on Environment and Development and Agenda 21 called for patterns of development that reflect the new understanding of these and other intersectoral linkages. The development challenge is to meet the needs of present generations and improve their quality of life without compromising the ability of future generations to meet their own needs. Explicitly integrating population into economic and development strategies will both speed up the pace of sustainable development and poverty alleviation and contribute to the achievement of population objectives and an improved quality of life of the population.

⁹ National Economic Advisory Council (2009), *New Economic Model (NEM) for Malaysia*, Part I, Strategic Policy Directions

Objectives

The objectives are to fully integrate population concerns into:

- (a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations;
- (b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.

B. Population, sustained economic growth and poverty

While development efforts have brought about economic progress, inequalities remain a problem. Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for the general population. Poverty is also closely related to inappropriate spatial distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to environmental degradation. The achievement of sustainable development and poverty eradication should be supported by macroeconomic policies designed to provide an appropriate international economic environment, as well as by good governance, effective national policies and efficient national institutions.

Objectives

The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development through sustainable patterns of consumption and production, human resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights.

C. Population and environment

Meeting the basic human needs of growing populations is dependent on a healthy environment. These human dimensions need to be given attention in developing comprehensive policies for sustainable development in the context of population growth. Demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development.

Objectives

- (a) To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes;
- (b) To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

REPORT

1.1/1.2 National policy, programme and/or strategy that explicitly addresses the interaction between population and sustainable development

Malaysia has implemented many policies, programmes and strategies that address the interaction between population and sustainable development. The ultimate objectives of all these policies, programmes and strategies are to improve the standard of living and quality of life of all Malaysians, and to move forward to be a developed nation by 2020.

Policies

Government policies that target the general population can be divided into long term and mid-term policies. The long term policies include Vision 2020, the New Economic Policy under the Outline Perspective Plan 1 (OPP1, 1970-1990), the National Development policy under OPP2 (1991-2000), the National Vision Policy under OPP3 (2001-2010), and the New Economic Model since 2009. The mid-term policies are included the five-year Malaysia Plans (the current plan is the 10th Malaysia Plan -2011-2015), and the National Physical Plan.

Long-term policies (based on the survey and UN 2005¹⁰, and EPU portal)

Vision 2020 (1991-2020)

In 1991, the government declared that it was the objective of the nation to become a developed nation in its own mould by 2020. It visions Malaysia to achieve an industrialized and a fully developed nation status by sustaining growth at 7 per cent per annum and initiating structural changes in the economy as well as within the manufacturing sectors. The key to the attainment of a fully developed nation is overcoming the nine strategic challenges.

First	Establishing a united Malaysian nation made up of one Bangsa Malaysia
Second	Creating a psychologically liberated, secure and developed Malaysian society
Third	Fostering and developing a mature democratic society
Fourth	Establishing a fully moral and ethical society
Fifth	Establishing a matured liberal and tolerant society
Sixth	Establishing a scientific and progressive society
Seventh	Establishing a fully caring society
Eighth	Ensuring an economically just society, in which there is a fair and equitable distribution of the wealth of the nation
Ninth	Establishing a prosperous society with an economy that is fully competitive, dynamic, robust and resilient

¹⁰ United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

The policies and strategies for the first phase of the Vision 2020 are spelled out in the Second Outline Perspective Plan, 1991-2000, (OPP2). It embodied the National Development Policy (NDP) which replaced the NEP, and contained several shifts in policy to provide new dimensions to the development efforts in bringing about a more balanced development while maintaining the basic policies of the NEP.

The focus of the anti-poverty strategy shifted to the eradication of hardcore poverty, while at the same time reducing relative poverty. In order to increase meaningful participation of Bumiputera in the modern sectors of the economy, the development of an active Bumiputera Commercial and Industrial Community was emphasized. Greater reliance was placed on private sector involvement in the restructuring process. Human resource development including moral and ethical values in order to achieve the objectives of growth and distribution was also given importance.

In mid 1990s after an impressive economic performance, the Asian Financial Crisis afflicted the region. Amidst the deteriorating economic condition, the National Economic Action Council (NEAC) was established in January 1998 and the comprehensive National Economic Recovery Plan (NERP) launched six months later.

The successful instituting of a series of policies, including the imposition of selected exchange control, and the establishment of institutions such as Danaharta and Danamodal to address the issues caused by the crisis resulted in the economy being resuscitated after recording a negative growth rate of 7.4 per cent in 1998. The fiscal and monetary policies introduced also helped to stimulate consumption, while containing inflationary pressures.

The policies and strategies for the first phase of the Vision 2020 were spelled out in the Second Outline Perspective Plan, 1991-2000, (OPP2). It embodied the National Development Policy (NDP) which replaced the New Economic Policy (NEP) introduced under the First Outline

Perspective Plan (1991-1990), and contained several shifts in policy to provide new dimensions to the development efforts in bringing about a more balanced development while maintaining the basic policies of the NEP. The focus of the anti-poverty strategy shifted to the eradication of hardcore poverty, while at the same time reducing relative poverty. In order to increase meaningful participation of Bumiputera in the modern sectors of the economy, the development of an active Bumiputera Commercial and Industrial Community was emphasized. Greater reliance was placed on private sector involvement in the restructuring process. Human resource development including moral and ethical values in order to achieve the objectives of growth and distribution was also given importance. The strategy to achieve Vision 2020 is to have a high level of economic growth through accelerated industrial development and an export based manufacturing sector. Collateral development will involve the accelerated development of science and technology. It will also involve an accelerated development of the service sector, with emphasis on ICT. The private sector is expected to provide the engine of growth to achieve this vision¹¹.

New Economic Policy (1971-1990) under Outline Perspective Plan 1971-1990

The launching of the New Economic Policy (NEP) in 1971 under the First Outline Perspective Plan (1971-1990) was a watershed in the Malaysian economic policy history. The NEP was formulated to (i) reduce and eventually eradicate poverty by raising income levels and increasing employment opportunities among all Malaysians, irrespective of race, and (ii) restructure Malaysian society to correct economic imbalances so as to reduce and eventually eliminate the identification of race with economic function. Based on the philosophy of achieving growth with equity, the success of the NEP was predicated upon rapid economic growth so that poverty reduction and restructuring of society strategies did not take place by means of the reallocation of existing wealth, but rather from new and expanded sources of wealth. These objectives were to be pursued through a number of means. Enhancement of productivity of those in low-productivity occupations was pursued through the adoption of

¹¹ <http://www.epu.gov.my/184>

modern agricultural techniques, such as double-cropping, off-season and inter-cropping, drainage and irrigation, alongside improved marketing and credit, and financial and technical assistance. Opportunities for movement from low-productivity to higher productivity sectors were to be provided through land development schemes, and assistance in entering commerce, industry, and modern services. Special attention was paid to the development of a Bumiputera Commercial and Industrial Community (BCIC). Improvement of services, such as housing, education, health, and public utilities, would assist in raising the living standards of the poor.

Malaysia's poverty eradication strategy has always focused on human resource development and quality of life improvements. The relevant programmes emphasize more on income-generating projects and not on welfare handouts, except in exceptional cases where direct assistance is provided. The implementation of the strategies to eradicate poverty and restructure the society resulted in a significant improvement in income distribution by 1990. The proportion of households living below the poverty line income declined from 49.3 per cent in 1970 to 16.5 per cent in 1990 and reduced further to 5.1 per cent in 2002^{12,13}.

National Development Policy (NDP), under Second Outline Perspective Plan 1991-2000

The Second Outline Perspective Plan (OPP2), covering the period 1991- 2000, was formulated based on the National Development Policy (NDP). The NDP maintained the basic strategies of the NEP, that is growth with equity or equitable distribution in addition to several adjustments to policy:

- (i) the focus of anti-poverty strategy was shifted to the eradication of hard-core poverty;
 - (ii) an active BCIC was developed to increase the participation of *Bumiputera* in the modern sectors of the economy;
 - (iii) there was greater reliance on the private sector to generate economic growth and income;
- and

¹² United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

¹³ <http://www.epu.gov.my/neweconomicpolicy>

(iv) emphasis was placed on human resource development as a primary instrument for achieving the objectives of growth and distribution.

NDP programmes included loan schemes for small-scale agricultural and commercial development modeled on the Grameen Bank, land consolidation and rehabilitation programmes, commercialization of farms, agricultural productivity enhancement projects, provision and improvement of services for the urban poor, and efforts to promote employment opportunities in manufacturing, construction, and other urban-based industries^{14,15}.

National Vision Policy (NVP) under the Third OPP 2001-2010. The National Vision Policy (NVP) builds upon and maintains the efforts of the NEP and NDP, and incorporates the Vision 2020 objective of transforming Malaysia into a fully developed nation by 2020. It emphasizes the need to build a resilient and competitive nation, as well as an equitable society, to ensure unity and political stability. The private sector will spearhead economic growth, while the public sector will provide the supportive environment and ensure the achievement of the socio-economic objectives. Towards these goals, key strategies include developing a knowledge-based economy, emphasizing human resource development, and accelerating the shift of the key economic sectors towards more efficient production processes and high value-added activities. At the same time, further progress towards poverty eradication is expected to result from rapid economic growth, assisted by specific poverty alleviation programmes, consolidated under the *Skim Pembangunan Kesejahteraan Rakyat* (SPKR), targeted towards eradicating poverty in areas and among groups where its incidence is high, such as the *Orang Asli* and other *Bumiputera* in Sabah and Sarawak^{16,17}.

¹⁴ Economic Planning Unit, Prime Minister's Department (1971). *First Outline Perspective Plan (1971-1990)*

¹⁵ United Nations Country Team Malaysia, 2005. *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

¹⁶ Economic Planning Unit, Prime Minister's Department (2001), *Third Outline Perspective Plan (2001-2010)*

¹⁷ United Nations Country Team Malaysia, 2005. *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

New Economic Model (NEM, 2009). The objective of the NEM is for Malaysia to join the ranks of the high-income economies, with a growth process that is both inclusive and sustainable. A number of strategic reform initiatives have been proposed. These are aimed at greater private initiative, better skills, more competition, a leaner public sector, pro-growth affirmative action, a better knowledge base and infrastructure, the selective promotion of sectors, and environmental as well as fiscal sustainability.

The NEM represents a shift of emphasis in several dimensions:

- *Refocusing from quantity to quality-driven growth.* Mere accumulation of capital and labour quantities is insufficient for sustained long-term growth. To boost productivity, Malaysia needs to refocus on quality investment in physical and human capital;
- *Relying more on private sector initiative.* This involves rolling back the government's presence in some areas, promoting competition and exposing all commercial activities (including that of GLCs) to the same rules of the game;
- *Making decisions bottom-up rather than top-down.* Bottom-up approaches involve decentralized and participative processes that rest on local autonomy and accountability — often a source of healthy competition at the subnational level;
- *Allowing for unbalanced regional growth.* Growth accelerates if economic activity is geographically concentrated rather than spread out. Malaysia needs to promote clustered growth, but also ensure good connectivity between where people live and work;
- *Providing selective, smart incentives.* Transformation of industrial policies into smart innovation and technology policies will enable Malaysia to concentrate scarce public resources on activities that are most likely to catalyze value.
- *Reorienting horizons towards emerging markets.* Malaysia can take advantage of emerging market growth by leveraging on its diverse workforce and by strengthening linkages with Asia and the Middle East; and
- *Welcoming foreign talent including the diaspora.* As Malaysia improves the pool of talent domestically, foreign skilled labour can fill the gap in the meantime. Foreign talent does not

substract from local opportunities--on the contrary, it generates positive spill-over effects to the benefit of everyone.

(Source: GOM 2009; <http://blogs.worldbank.org/eastasiapacific/what-is-new-in-malaysia-s-new-economic-model>)

Medium term policies – In the medium term planning, 5-year development plans are formulated to operationalize the OPPs. They set out the macroeconomic growth targets as well as the size and allocation of the public sector development programme. In addition, they provide the direction with respect to promoted sectors, thereby giving guidance to the private sector in determining their own investment policies. Currently, the Tenth Malaysia Plan, covering the period 2011-2015, is in operation. In the middle of the 5-year planning cycles, a mid-term review (MTR) of the five-year plan is carried out. The MTR is not only a stocktaking exercise to determine whether the plan is implemented in accordance with the stated targets and development schedule, it also reviews macroeconomic and sectoral policies and strategies and makes adjustments, if needed^{18,19,20}.

Social Policies

National Social Policy (NSP) (2003) - the NSP seeks to create a progressive and established Malaysian society with every member having the opportunity to develop his/her potential to the optimum in a healthy social environment based on the qualities of unity, resilience, democracy, morality, tolerance, progress, care, fairness and equity.

National Social Welfare Policy (NSWP) - In seeking to achieve a contented and strong society for national development, the NSWP shall develop human potential to the optimum and to strengthen society to face current social challenges, create various facilities for enhancing self-

¹⁸ Economic Planning Unit, Prime Minister's Department (2006), *Ninth Malaysia Plan (2006-2010)*.

¹⁹ Economic Planning Unit, Prime Minister's Department (2008), *Mid-term Review of Ninth Malaysia Plan (2006-2010)*.

²⁰ Economic Planning Unit, Prime Minister's Department (2010), *Tenth Malaysia Plan (2011-2015)*.

development and development of the individual, and build and inculcate the spirit of mutual help and assistance to reinforce a caring culture.

National Population, Family Planning and Family Policies – described in section 5.

Reproductive Health and Social Education Policy – described in section 5.

National Education Policy – described in section 8.

National Agrofood Policy (2011-2020) - It is the aim of the Ministry of Agriculture and Agro-based Industry to promote agricultural activity as a profitable business opportunity. This policy outlines seven strategic direction – ensuring food security, increase value added of the agrofood subsector, complementing and strengthening the supply chain, providing knowledgeable and trained labour for the agriculture sector, strengthening the R&D, innovation and technology utilization, creating private-led business environment as well as strengthening agricultural services delivery system.

The national agriculture policies are formulated with the objective of developing and transforming the agriculture sector into a modern, competitive and sustainable sector. Underpinning this objective are agricultural programmes designed to increase productivity and food production, intensify research and development, promote marketing of agricultural produce and increase downstream value-addition as well as to increase income of farmers, fishermen and livestock rearers. As agriculture activities are largely focused in the rural areas, it has been an important economic activity in reducing poverty among rural population. In this context, agriculture policies are indirectly linked to reducing poverty.

Environment Policies

National Biodiversity Policy (1998) – led by the Ministry of Science, Environment and Technology, aims to conserve Malaysia's biological diversity and to ensure that its components are utilized in a sustainable manner for the continued progress and socio-economic development of the nation. The specific objectives of this policy are as follows:

- To optimize economic benefits from sustainable utilization of the components of biological diversity;
- To ensure long-term food security for the nation;
- To maintain and improve environmental stability for proper functioning of ecological systems;
- To ensure preservation of the unique biological heritage of the nation for the benefit of present and future generations;
- To enhance scientific and technological knowledge, and educational, social, cultural and aesthetic values of biological diversity;
- To emphasize biosafety considerations in the development and application of Biotechnology

(Source: National Biodiversity Policy, <http://www.arbec.com.my/NBP.pdf>)

MOA, Malaysian Agriculture Research & Development Institute (MARDI)/ Department of Agriculture (DOA)/ Ministry of Natural Resources and Environment (NRE) are now implementing the National Strategies and Action Plans on Agricultural Biodiversity Conservation & Sustainable Utilization (2012-2020).

National Policy on the Environment (2002). National Policy on the Environment which integrates the three elements of sustainable development: economic, social and cultural development and environmental conservation was formulated and approved in 2002. The Policy aims at continued economic, social and cultural progress and enhancement of the quality of life of Malaysians through environmentally sound and sustainable development. It is based

on eight (8) inter-related and mutually supporting principles set to harmonize economic development goals with environmental imperatives:

- Stewardship of the Environment
- Conservation of Nature's Vitality and Diversity
- Continuous Improvement in the Quality of the Environment
- Sustainable Use of Natural Resources
- Integrated Decision-Making
- Role of the Private Sector
- Commitment and Accountability
- Active Participation in the International Community

In keeping abreast with the country's rapid economic development and to meet with the nation's aspiration for an improved quality of life, the National policy on the Environment serves as an important guide to all stakeholders to ensure that the environment is clean, safe, and healthy²¹.

National Climate Change Policy (2009) – implemented by Ministry of Natural Resources and Environment to provide the framework to mobilize and guide government agencies, industry, community as well as other stakeholders and major groups in addressing the challenges of climate change in a holistic manner. The Policy will ensure climate-resilient development to fulfill national aspirations for sustainability by streamlining and coordinating across existing legislation and policies; establishing inter-ministerial and cross-sectoral committee to drive and facilitate implementation of adaptation and mitigation measures; Identifying options and strategies to achieve a low-carbon economy.

²¹http://www.globinmed.com/index.php?option=com_content&view=article&id=79159:malaysia&catid=127&Itemid=168&showall=&limitstart=2

National Green Technology Policy (2009) – is implemented to provide direction and motivation for Malaysians to continuously enjoy good quality living and a healthy environment. **Elements:** ensure sustainable development; develop roadmaps to guide application of green technologies in various sectors, including power generation, transport and construction; and establishment of a Green Technology Financing Scheme (GTFS) to encourage investments in green technology, construction and innovation.

National Renewable Energy Policy (for 20 years): Led by the Ministry of Energy, Green Technology and Water, the main objectives of this policy include the safe and cost-effective provision of quality energy to the population, the promotion of efficient energy consumption practices and ensuring that the appropriate provisions are taken to protect the environment. The strategies employed involve diversification of fuel type and sources, developing technology, maximize use of indigenous energy resources, competition and appropriate pricing in the industry, bench marking, auditing, financial and fiscal incentives, technology development, and labeling.

Other related Policies

National Urbanization Policy and National Physical Plan – described in Section 3.

Programmes

Poverty Eradication Programme

By the national poverty line, Malaysia has achieved this MDG target to reduce by half the proportion of households in poverty between 1990 and 2015. The success is the result of continuing growth and a whole range of dedicated poverty-eradication programmes, including income-generating initiatives; basic services such as universal education and health care; housing programmes for the poor; and programmes specifically targeting capacity building among communities, with an emphasis on attitudinal change and motivation. Under the NDP (1991-2000), the Development Programme for the Hardcore Poor or *Programme Pembangunan Rakyat Termiskin* (PPRT), was introduced to assist the hardcore poor. The programme established

a register on the profile of hardcore poor households and contained a package of projects tailored to meet their specific needs, such as increasing their employability and income, better housing, food supplements for children and educational assistance. Direct assistance was given to the hardcore poor who are disabled and aged²². All these initiatives have enabled the Government to depend less on welfare programme hand-outs, which it now provides only to the most in need. The Government has also worked closely with civil society organizations in reaching out to poor communities through poverty eradication programmes. Considerations have recently been given to addressing the issues of relative poverty, in line with Malaysia's development model which emphasizes an inclusive development Approach. The main target of this approach is the bottom 40 per cent of households, or bottom two quintiles, in the income distribution. Malaysia constantly monitors incidence of poverty and state of the vulnerable groups through the Household Income Survey²³.

Non-Governmental Organizations (NGOs) and the private sector have also complemented government efforts in the poverty alleviation programmes. Working in close cooperation with one another, they provided small business loans, industrial training, job opportunities, and educational support for children as well as better housing. Since 1987, Amanah Ikhtiar Malaysia (AIM), an NGO, through government funding provided micro-credit financing to about 69,000 poor families with interest-free loans of RM300 million. The private sector and the various state-based poverty eradication foundations also intensified their efforts in providing skills training as well as in-kind and financial contributions to the poor.

During the NVP period, to effectively implement poverty reduction measures, all the relevant programmes and projects were consolidated under the *Skim Pembangunan Kesejahteraan Rakyat* (SPKR) to address issues of general and hardcore poverty, irrespective of ethnicity in both the rural and urban areas as well as economic sectors. The Integrated Development

²² EPU, Distribution Section (2002).

<http://unpan1.un.org/intradoc/groups/public/documents/APCITY/UNPAN013994.pdf>

²³ Malaysia, MDG (2010). http://www.epu.gov.my/c/document_library/get_file?uuid=18305e5b-a1f2-45b6-adb3-8384cca03b25&groupId=34492

Programme approach, such as Programme Penempatan Semula Masyarakat, Agropolitan dan Rancangan Penempatan Semula. Integrated Development Programme approach, such as *Programme Pembangunan Masyarakat Setempat (PPMS)*, Agropolitan, *Programme Pemajuan Kawasan (PPK)* and *Rancangan Penempatan Semula Masyarakat Orang Asli (RPS)* was strengthened under the SPKR to address pockets of poverty, particularly in remote areas and among the Orang Asli and other Bumiputera minorities in Sabah and Sarawak. These programmes provide settlement for the target group through provision of basic infrastructures as well as providing the economics activities for the community. To further improve the well-being and quality of life of the poor and low-income households, the SPKR, through its *Programme Pembangunan Modal Insan (Human Capital Development)*, will continue to inculcate the concept of self-esteem and self-reliance among the households and communities involved.

(Sources: OPP1, OPP2, OPP3 and various Malaysia Plans)

Government Transformation Programme (GTP)

The Government Transformation Programme (GTP) was introduced in 2009. The objective of GTP is two-fold – first, to transform the Government to be more effective in its delivery of services and accountable for outcomes that matter most to the people; and second, to move Malaysia forward to become an advanced, united, and just society with high standards of living for all. This is in line with the national mission of achieving Vision 2020 - for Malaysia to become a fully developed nation.

The seven National Key Result Areas (NKRAs) identified to spearhead the Government's transformation are:

- Reducing crime
- Fighting corruption
- Improving student outcomes
- Raising living standards of low-income households
- Improving rural basic infrastructure

- Improving urban public transport
- Addressing cost of living (added in 2011), and chaired by the Deputy Prime Minister

The NKRA's were not deemed priority areas arbitrarily, but the result of various surveys, opinion polls and dialogues conducted with the rakyat. Each NKRA is led by a Cabinet Minister who is ultimately responsible to the Prime Minister for the successes and shortfalls of the NKRA's key performance indicator. The priorities of the NKRA's are made up of both short- and long-term initiatives catering to the needs of the rakyat. The GTP therefore addresses urgent demands of the rakyat, such as the reducing the cost of living, as well as structural issues preventing the civil service from being as efficient as it could be. Areas not covered by the NKRA's but deemed important will receive attention from the Government at the ministerial level. These areas - the Ministerial Key Results Areas (MKRA's) - include targeted outcomes that the rakyat can see and feel²⁴.

Economic Transformation Programme (ETP) was introduced in 2011 as part of the NEM. The ETP focuses on the 12 National Key Economic Areas (NKEA's) announced in the Tenth Malaysia Plan. The 12 NKEA's cover eleven industries and one geographical territory: Oil, Gas and Energy; Palm Oil; Financial Services; Tourism; Business Services; Electronics and Electrical; Wholesale and Retail; Education; Healthcare; Communications Content and Infrastructure; Agriculture; and the Greater Kuala Lumpur/Klang Valley. These NKEA's are expected to make substantial contributions to Malaysia's economic performance. The Government has established an ETP Unit in PEMANDU to facilitate delivery and monitor this programme of change. Clear and demanding key performance indicators will be specified for each of the individual NKEA's and for Malaysia's overall economic performance. These performance measures will be reported publicly every year.

²⁴ Prime Minister's Department (2012a). Government Transformation Programme Annual Report 2011, Putrajaya. http://www.epu.gov.my/content_gtp

The ETP builds on the direction outlined in the Tenth Malaysia Plan to develop a markedly different approach to delivering the Government's objectives. There are five specific aspects of the ETP that are new and distinctive. These aspects will ensure that the ETP delivers the improved outcomes that Malaysia needs. Malaysia will leverage its competitive advantages by prioritizing investment and policy support behind a limited number of key growth engines.

The economic growth of these NKEAs through the effective implementation of 131 Entry Point Projects and 60 Business Opportunities will result in the Malaysian economy undergoing significant changes to resemble the economies of other developed nations. This, in turn, will generate additional medium-to-high paying jobs that will propel Malaysia to high-income status. The success of these 12 NKEAs will also have a 'multiplier effect' that will positively impact other industries and developments so that economic growth will be enjoyed beyond the 12 NKEAs²⁵.

- **The national family planning programme** has been implemented with NPFDB as the lead agency since 1966. Since 1970 the programme expanded its coverage with the integration of family planning services into the maternal and child health services of the Ministry of Health. With the adoption of the 70 million population policy in 1984, family planning has been de-emphasized. However, together with MOH and private medical practitioners, NPFDB in partnership with FRHAM continue to provide family planning and contraceptive services as part of the reproductive health services. FRHAM also provides information and counseling on family planning as part of the reproductive health education to young people.
- **Family development programmes** implemented by NPFDB since 1984 – specific programmes include SMARTSTART, family and marriage counseling, Parenting@work (Keluarga@kerja), SMARTspending (SMARTbelanja), family centres etc.

Family development programmes are described in greater detail in Section 5.

²⁵ Prime Minister's Department (2012b). Economic Transformation Programme Annual Report 2011, Prime Minister Department, Putrajaya. http://etp.pemandu.gov.my/Download_Centre-@-Download_Centre.aspx

- **Promotion and advocacy** via training, conferences, dialogues, forums, publications, etc by NPFDB since 1984

Strategies

The National Policy on Biological Diversity outlines 15 strategies and 85 action plans to help protect Malaysia's forests and wildlife including plans for creating national parks, improving conservation practices, expanding the scientific knowledge base and addressing bio-safety concerns. These protected areas act as biodiversity reservoirs and watershed areas and are classified as Environmentally Sensitive Areas (ESA) where limited or no development is permitted. Many projects are under way to generate revenue and employment from biodiversity protection through eco-tourism activities. To protect these vital natural assets the government adopted the Common Vision on Biodiversity Outreach Strategy. It consisted of strengthening the protected areas system, managing landscapes and seascapes for biodiversity conservation and mainstreaming biodiversity protection with national development plans.

The National Green Technology Policy of 2009 was developed with the cooperation of relevant stakeholders in the country and endeavors to strengthen institutional frameworks and policy coherence on green technology development in Malaysia. It will promote significant progress and develop new green technologies in four main sectors: energy, buildings, water and waste management as well as to develop strategic green technology hubs to be built across the country under the direction of the Malaysian Green Technology Corporation and wide-spread public awareness campaigns to increase the awareness of green technology by the public.

Rural Development Master Plan, implemented by Ministry of Rural and Regional Development for the period 2010-2020 to achieve its vision for making rural areas economically viable with prosperous society and sustainable environment

Research on population related issues implemented by NPFDB since 1967. Utilization of data from population related research/surveys (e.g., Malaysian Population and Family Survey- every 10 years since 1974).

Integration of population factors in national development planning via demographic courses for planners, implemented by NPFDB since 2005.

Population Strategic Plan Study, in 1992 and 2010²⁶

1.3/1.4 Institutional entities to address issues related to the interaction between population and sustainable development

The institutional entities addressing issues relating to sustainable development, population, poverty, environment, health, human capital and international migration are as follows:

Sustainable development: Sustainable development policy design and implementation is within the purview of the Economic Planning Unit under the Office of the Prime Minister. The Unit is responsible for preparing the medium-term and long-term plans for national development in Malaysia and produced the National Development Policy of 1991-2000 and the National Vision Policy 2001-10 while facilitating overall major economic policy coherence for the National Mission until 2020. Performance Management Delivery Unit (Pemandu) is responsible for monitoring the implementation of GTP and ETP. The Ministry of Housing and Local Government and Ministry of Rural and Regional Development take the lead on issues pertaining to urbanization, internal migration and population distribution.

Population, family development, and specific target groups: Several agencies oversee the issues involved in population dynamics and family development. The Economic Planning Unit takes a

²⁶ NPFDB (2012). *Second Population Strategic Plan Study, Main Report*.

macro overview of the demographic situation, closely supported by the Department of Statistics and the National Population and Family Development Board (NPFDB), established in 1966 under the Population and Family Development Act (Revised 1988) as a statutory body. The Ministry of Women, Family and Community Development is responsible for gender issues, the elderly, social welfare (DoSW under the Ministry), and community development. The Ministry of Youth and Sports oversees issues relating to young people, and the Department of Indigenous People oversees the indigenous population.

Poverty: The formulation of poverty alleviation policies and programmes in Malaysia has been led by the Prime Minister's Department and coordinated by the Economic Planning Unit. The Inter-Agency Planning Group (IAPG) on Poverty Eradication and Income Distribution meets regularly to assess achievements and formulate new policies and strategies regarding poverty and income distribution. The process has been a multi-tiered one, involving village leaders at the lowest level, the federal, state and local levels of the public service machinery, the Cabinet and, at the very top, Parliament. In addition, non-governmental organizations (NGOs) and the state-based Poverty Eradication Foundations are also voluntarily involved themselves in helping to reduce poverty in Malaysia, with the support of the private sector. Several Government corporations, namely the Federal Land Development Authority (FELDA), Federal Land Consolidation and Rehabilitation Authority (FELCRA) and Rubber Industry Smallholders Development Authority (RISDA) contributed to a special scheme to eradicate hardcore poverty. The private sector and NGOs have also complemented these efforts.

Biodiversity: The Biodiversity Council which was established in 2001 spearheaded the implementation of the Malaysian National Policy on Biological Diversity of 1998 and the Biosafety Act which was passed by parliament in July of 2007. After a major cabinet reshuffle in March 2004, responsibility for the environment was vested in a newly established Ministry of Natural Resources and Environment. By combining fourteen environment-related portfolios under a single authority, this effort was part of a comprehensive plan to tackle the fragmentation that had bedeviled Malaysia's environment and sustainable development policy domain.

Climate change and green technology: In line with the commitment to climate change mitigation and energy security, the Inter-ministerial Committee for National Climate Change Policy was established in 2009 to drive, coordinate and facilitate the implementation of adaptation and mitigation measures across the country. The committee was charged with developing a roadmap for climate resilient growth and to facilitate the implementation of climate-friendly measures and technologies by strengthening; laws and regulations and enforcement; human resource development; finance and incentives; research and development; technology transfer and communication with relevant stakeholders. This committee is supported by the National Green Technology and Climate Change Council which is responsible for the implementation of the National Policy on Climate Change. Under the Green Technology and Climate Change Council there are 7 subordinate working groups (industry, promotion and awareness, green neighborhoods, transport, human capital, R&D and innovation, adaptation response and technology) working in a variety of areas to draft and implement sector specific low carbon action plans. Malaysian Green Technology Corporation (MGTC) was set up in 2010, and Sustainable Energy Development Authority (SEDA) was set up in 2011.

Health: Ministry of Health is the main custodian of health and takes the lead role in promoting, planning and monitoring health programmes. The state health department and district health office are responsible for implementing the various health programmes. Disease control activities are also undertaken by local authorities and play an important role in the detection and prevention of communicable diseases in urban and semi-urban areas.

Education and Human Resource Development: The Ministry of Education and Ministry of Higher Education take the lead on education and training, while the Ministry of Human Resources oversee labour and employment issues, and EPU and MOHR take the lead in manpower planning.

International Migration: Comes under the purview of the Ministry of Home Affairs (Department of Immigration) Ministry of Foreign Affairs and Ministry of Human Resources.

1.5. Addressing ICPD issues regarding in the national context during the last five (5) years.

1.5 a) Eradication of poverty with special attention to income generation and employment strategies through

- Development Programme for the Hardcore Poor or Programme Pembangunan Rakyat Termiskin (PPRT) was introduced under the National Development Programme (1991-2000) to assist the hardcore poor.
- Government Transformation Programme - Raising Living Standards of Low Income Households (LIH) is one of the National Key Results Areas (NKRA)
- The Homestay programmes under the Ministry of Tourism Malaysia (MOT) with budget allocation, and ahead of schedule
- Kedai Tukar (affordable goods) under the Ministry of Domestic Trade, Cooperative and Consumerism Malaysia, with budget allocation and ahead of schedule
- Income Enhancement Programmes, and capacity & capability building, implemented by EPU and other relevant Ministries/Departments. The 9th Malaysia Plan and 10th Malaysia Plan have given continuous attention to the eradication of poverty. Various programmes have been carried out including enhancing skills and job training to increase marketability and employability, increase access to microcredit financing and entrepreneurship skills. As poverty is not a pressing issue in Malaysia, the 10th Malaysia Plan extended the focus to the low income household to increase their income and improve quality of life.
- 1AZAM (akhiri zaman kemiskinan) which means ending poverty under the GTP is led by MWFCDC with budget allocation and on schedule. The 1AZAM programme functions to create a balance between handing out direct assistance to low income households through creation of economic opportunities (employment, entrepreneurship and involvement in agriculture and service activities) to move them out of poverty and become self-sustaining.
- Implementation of Programme Azam Tani under the National Key Result Areas by the Ministry of Agriculture & Agro-based Industry. Under this programme, funds were allocated

to the Ministry to carry out Programme Azam Tani to eradicate poverty among the hardcore poor and poor communities through agriculture and agrobased activities.

- Rural Development Master Plan implemented by MRRD. Concrete measures taken include the Income Generation Programme and Skills Training and Career Programme.
- The Agropolitan Projects implemented by MRRD, as an integrated and comprehensive development project with a two-pronged objective; one is to eradicate rural hardcore poverty, through multiple income generation activities for rural hardcore poor families; and the other is to accelerate the development of isolated, neglected and abandoned land in the rural areas.

1.5b) Strengthening food security

National Agrofood Policy implemented by the Ministry of Agriculture and Agro-based Industry, with the following measures:

- i) production through upgrading of infrastructure especially the irrigation and drainage system in granary areas;
- ii) Maintaining rice stockpile at 292,000 tonnes to sustain 45 days of consumption
- iii) Strengthening ties with regional countries through the ASEAN Rice Reserve Programme
- iv) Gazetting and zoning of areas with high productivity as permanent food park

All these measures are on schedule to achieve the objectives.

1.5c) Promoting Environmental resources management

Policies and programmes implemented to address these issues (what ISSUES?) include the National Policy on Climate Change (2010); Common Vision on Biodiversity (2009). The implementation the strategy and action plans of the National Policy on Climate Change and also the National Green Technology Policy is being monitored by the National Council on Green Technology and Climate Change, while Common Vision on Biodiversity is monitored by the National Biodiversity Council.

Malaysian Agriculture Research and Development Institute (MARDI), Department of Agriculture (DOA), DOF (Department of Fisheries) are responsible for expanding the Good Agriculture Practices to more farm especially the commercial farms.

1.5d) Reducing territorial inequalities

Policies and programmes implemented to address these issues are:

- Agropolitan projects especially in Sabah and Sarawak
- Regional Development Authorities (RDA) in 5 states – Johor, Kedah, Kelantan, Terengganu and Sarawak are established to reduce the rural-urban development gaps through significant development such as new township, plantation, farming, human capital development etc.
- Rural Basic Infrastructure – roads, electricity and water supply, measures taken include increasing the coverage of rural basic infrastructure

1.5e) Achieving fair trade relations

These issues are addressed by the following policies and strategies:

- Policies programmes and strategies of the Ministry of International Trade and Industries and Ministry of Domestic Trade, Cooperative and Consumerism Malaysia, and the implementation are ahead of schedule.
- Liberalization of 45 Services subsectors, Ease of doing Business and Implementation of Competition Policy

1.5 f) Improving Solid Waste management

Since 1997, the solid management responsibility of 48 Local Authorities has been privatized to 2 concession companies i.e. Alam Flora for the Central Region and Southern Waste for the Southern Region. National Strategic Plan for Solid Waste Management was introduced in the 9th Malaysia Plan (2006-2010) to upgrade unsanitary landfills as well as the construction of new sanitary landfills and transfer stations with integrated material recovery facilities. Legislation to streamline the strategies and measures in the Strategic Plan was enacted to establish a holistic, integrated, cost effective solid waste management with emphasis on environmental protection

and public health, and priority on 3 R. (Reduce, Reuse and Recycle). Solid Waste and Public Cleansing Management Act 2007 and Solid Waste and Public Cleansing Corporation Act 2007 were gazetted. The institution framework was shifted from the Department of Local Government & Local Authorities to National Solid Waste Management Department and Solid Waste and Public Cleansing Management Corporation. The new legislation provides a centralized and coordinated solid waste management, and green house gas from landfills can be addressed through development of sanitary landfills and safe closure of non- sanitary ones²⁷.

1.5 g) Foster sustainable resource uses and preventing environmental degradation

Although the policies such as the National Biological Diversity Policy, Natural Environment Policy, National Forestry Policy and National Mineral Policy 2 were formulated to give guidance the relevant stakeholders especially the states on the conservation and sustainable utilization of their natural resources, ultimately the decisions lie with the states on how best their resources are to be utilized.

- Artificial Reef Project to increase the marine fish stock and Tagal System (traditional approach) for Fisheries Resources Management especially the inland fish, implemented by the Department of Fisheries
- Green Organic Practice & Ecosystem Conservation by MARDI

1.5 h) Address the population trends/dynamics in ecologically vulnerable areas.

- **National Physical Plan 2** (on Environmental Sensitive Areas) implemented since 2005 by Federal Department of Town and Country Planning, Ministry of Housing and Local Government. NPP2 is discussed in greater detail in section 3.

- **Environmental Impact Assessments (EIA).**

In Malaysia, EIA is required under section 34A, Environmental Quality Act, 1974 which specifies the legal requirements in respect of EIA for Prescribed Activities. It empowers the

²⁷ Nadzri Yahaya, OVERVIEW OF SOLID WASTE MANAGEMENT IN MALAYSIA, paper presented at Workshop on Carbon finance and Municipal Solid Waste Management in Malaysia)

Minister of Natural Resources and Environment after due consultation, to prescribe any activity which may have significant environmental impact as a Prescribed Activity. The section further requires the Project Proponent of a Prescribed Activity to submit a report (the EIA) to the Director General of Environmental Quality before approval for the proposed activity is granted by the relevant approving authority. The EIA report must be in accordance with the guidelines issued by the DOE contain an assessment of the impact of the Prescribed Activity on the environment; and detail the proposed measures that shall be instituted to prevent, reduce or control adverse impacts on the environment. Project proponent must make sure that the concept of the proposed project does not contradict any development plans, policies or any decisions of the Government of Malaysia prior to the EIA Study, namely (but not limited to the following):-

- (i) National Physical Plan.
- (ii) Structure Plan.
- (iii) Local Plan.
- (iv) Regional Plan (inter-state planning).
- (v) Agreement between the Government of Malaysia and Kualiti Alam Sdn Bhd. on the disposal of scheduled wastes in Malaysia.
- (vi) Agreement between the Government of Malaysia and Pantai Medivest Sdn. Bhd., Faber Mediserve Sdn. Bhd. and Radicare Sdn. Bhd. on the disposal of clinical wastes from Government Hospitals.
- (vii) Guidelines on Highland Development (Garis panduan Pembangunan Di Kawasan Tanah Tinggi).
- (viii) Guidelines on Siting and Zoning of Industries.

The criteria for selecting a new site normally include engineering, environmental and economic aspects. Usually, some of these criteria limit the choice of potential sites to a given few. These sites are then investigated further for their suitability through site visits and analysis of existing information. During this stage, measures to protect the environment and resolve socio economic issues are also considered. Where the project is situated on

public land or near waterways, and alternative users will be affected by the project, the issue of compensation and offset investment should be addressed in the EIA.

Project proponent is encouraged not to select site which is located in or adjacent to Environmentally Sensitive Areas (ESA), as defined in National Physical Plan (April 2005). ESA shall be integrated in the planning and management of land use and natural resources to ensure sustainable development.

(Source: National Physical Plan (26 April 2005))

1.5i) Address the implications of population trends in large urban agglomerations

Some of these issues are addressed by the National Urbanization Policy described in Section 3. The Low Carbon Cities Framework (LCCF) was developed and implemented to systematically cope with urban sprawl.

1.5j) Addressing the needs of people living within or on the edge of fragile ecosystems

- Programmes under the Orang Asli Development Department through socio-economic projects, housing assistance, infrastructure projects, schooling assistance and health service etc.
- Environmental impact assessments

1.6. Areas of progress in addressing issues related to the interaction between population and sustainable development.

Notable progress has been made in addressing issues related to the interaction between population and sustainable development, due to the implementation of pragmatic policies and programmes aimed at improving the standard of living. The Government is fully committed to improve the standard of living and quality of life, with an efficient civil service. There are also many facilitating factors that have contributed towards national development and the progress made in achieving the objectives of ICPD. Having a youthful population, Malaysia is enjoying the demographic dividend of a high proportion of population in the working age group. Malaysia's

political stability, harmonious social environment, unity and strength in diversity (the multiracial composition of the population), educated and trained workforce, abundant natural resources, effective partnership with stakeholders at national and sub-national levels, (e.g. through the formation of Advisory Coordinating Committee on Reproductive Health at the National and State levels ACCRH and SCCRH for reproductive health issues, and National Economic Consultative Council for the formulation of economic policies and programmes, involvement of civil society and community based organizations at local level, implementation of GTP/ETP and the introduction of National Key Result Areas to improve the socio-economic conditions of all Malaysians, and the setting up of Performance Management Delivery Unit (Pemandu) to monitor the implementation of the various programmes are all crucial in the progress made towards achieving ICPD and MDG objectives in the interaction between population and development, such as:

- Reducing territorial inequalities, with the implementation of regional development strategies
- Eradicating poverty and reducing income inequality with policies on growth with equity
- In 2012, Malaysia has been ranked the 12th most business friendly country globally, from 23rd in 2010, the result of pragmatic government policies and the implementation of ETP
- Strengthening food security (with the National Agriculture Policy and National Food Policy), the production of major food in Malaysia (rice, live stocks and fisheries) have increased between 2.1% to 5.4% averagely from 2000-2010. Self sufficiency level for rice which is Malaysian staple food reaches 70%; food that achieved 100% self sufficiency level are poultry, pork, egg and fisheries
- Reduction in the incidence of poverty from 5.7% in 2004 to 2.8% in 2010, resulting from the successful implementation of poverty eradication programmes, and the improvement in the standard living of all Malaysians as the country has been making remarkable economic progress and social development
- Greater access to tertiary education - participation rate increased from 17.6% in 2005 to 21.9% in 2007. Enrolment in public institutions of higher learning increased from 390,828 in

2005 to 465,094 in 2007, and 58,825 to 364,737 in private institutions to achieve the target of 40% participation rate of the age group 17-23 years in 2010.

- The country has achieved virtual gender parity in access to education for boys and girls. In 2009, the literacy rate among boys aged 15 to 24 years old was 97.2% in 2009 and 97.3% among girls of the same age group.
- Addressing the needs of adolescents and youth in the area of psychosocial development inclusive of sexuality and reproductive health and social education
- Adoption of National Policy on Reproductive Health and Social Education in 2009 facilitates the introduction of the Reproductive Health and Social Education in the National Service Curriculum (PEKERTI@PLKN) in 2011 and Reproductive Health and Social Education in the schools (PEKERTI@SCHOOL) in 2012
- Establishments of young people friendly centres, kafe@TEEN in 2006 as part of Psychosexual Development Programme and introduction of Reproductive Health and Social Education in the National Service Curriculum (PEKERTI@PLKN) in 2011 has benefitted about 365,116 young people as at December 2011.
- The MWFCDB has played its role, through its agency the NPFDB, in developing strong, resilient and healthy families towards achieving the Millennium Development Goal 2 (achieving universal primary education). Over the past decade, families in Malaysia have been beneficiaries of numerous family-friendly policies, educational programmes and services, which have created an enabling environment for children to access education.

The achievement of Malaysia in implementing the population and family development programmes has been duly recognized internationally, by winning three UN Population awards through NPFDB in 2007 and FRHAM in 2012, and UN ECOSOC/WFO Family Award by NPFDB in 2011, in recognition of their achievements in the fields of population, reproductive health, socio-demographic research and family development.

Despite the progress made, there are still challenges and barriers that have to be addressed. The more critical challenges and barriers are as follows:

- Heavy reliance on migrant workers
- Brain drain
- Adolescent sexuality
- Population ageing
- Scattered population in the interior parts of Sabah and Sarawak (which increases development cost)
- Land use competition from other agricultural commodity and conversion of agriculture land for other development particularly residential and industrial usage
- Lack of skilled and non-skilled manpower in the agriculture sector, non-economical farm operations due to small scale farming, ineffective extension services - high ratio in extension services officer to farmers,
- Low usage of modern technologies and mechanization.

1.7. The most relevant issues regarding the interaction between population and sustainable development, that the country considers priority for public policy for the next five (5) to ten (10) years?

- Young People as human capital for development
- Ageing and the needs of older persons
- Family and gender issues
- Fertility decline and long-term population growth
- Migration (internal migration and urbanization, international migration and development)
- Reproductive health (unmet needs for family planning, abortions , HIV/AIDS and STIs)
- Providing rural basic infrastructure for all
- Balancing food security and population growth, competing land use for development and conservation, dichotomy of power over resources between the Federal and the state government
- Depleting natural resources
- Increasing urbanization

- Rural-urban migration
- Increasing generation of wastes
- Unsustainable consumption and production
- Minimize environmental degradation
- Improving social wellbeing

1.8. Research on population dynamics for planning purposes at the national and/or subnational level in the last five (5) years?

At the national level:

Malaysian Population and Family Survey every 10 years since 1974, by NPFDB

Population Strategic Plan Study (1992 and 2010) by NPFDB

At the sub-national level:

Socioeconomic research in KEJORA, KEDA and KETENGAH by MRRD

State Structure Plans

1.9/1.10/1.11 Resources allocated for research and capacity development for research regarding the following population-related issues in the last five years

Allocation of resources for R &D and capacity development for research	LPPKN	KKLW
a) Monitor population trends and prepare population projections / scenarios	1) Yes, Population Strategic Plan Study (2008-2009) RM1million The research has relatively low usage for resource allocation decision (score 2) and average usage for informed other policies/strategies (score 3)	1) Yes, Orang Asli Socioeconomic research by UNDP-EPU The research has average usage for resource allocation decision (score 3), and relatively higher for other policies/strategies (score 4)
	Dynamic Social Accounting Metrics (DYSMM) Modeling	
e) Linkage between population trends and employment	Dynamic Social Accounting Metrics (DYSMM) Modeling	

1.12. Civil society organizations (CSOs) whom the government has partnered with in the area of sustainable development.

- FRHAM (National NGO) working with NPFDB in service delivery, advocacy and policy formulation, awareness raising and social mobilization, and education and training
- ICOMP (an international NGO) working with NPFDB on advocacy and policy formulation, education and training
- UM Academic/research centres – on research and data collection, advocacy and policy formulation, and consultancy
- Centre for Environment, Technology and Development, Malaysia (CETDEM), a national NGO, working with EPU and other government agencies on research and data collection, advocacy and policy formulation, awareness raising and social mobilization
- Environmental Protection Society Malaysia (EPSM), a national NGO, working with EPU and other government agencies on advocacy and policy formulation, awareness raising and social mobilization, through Roundtable on sustainable development
- Third World Network (TWN), an international NGO, working with EPU and other government agencies on research and data collection, advocacy and policy formulation, awareness raising and social mobilization, education and training through workshops
- Pertubuhan Himpunan Lepas Institusi Pengajian Tinggi Malaysia (HALUAN), a national NGO, with MRRD on service delivery, research and data collection, awareness raising and social mobilization, monitoring and legal counsel, education and training, through PPP, PLKK, PPMI, PKP.
- Yayasan Basmi Kemiskinan, a national NGO Service delivery with MRRD on Research and data collection, awareness raising and social mobilization, monitoring and legal counsel, education and training, through PLKK, PPMI and PKP
- Amanah Ikhtiar Malaysia (AIM), a national NGO, working with MRRD on service delivery, research and data collection, awareness raising and social mobilization, monitoring and legal counsel, education and training through micro credit

- Universiti Putra Malaysia (UPM) academic/ research centre, working with MARDI on research and data collection, and research and development in agriculture
- Malaysian Nature Society, a national NGO, working with MOE on education and training through conferences

1.13 Does the country have a policy or strategy that promotes information, education and communication on issues related to sustainable development?

We have several sectoral policies that link Communications, Education and Public Awareness with Sustainable Development such as National Agrifood Policy under the Ministry of Agriculture and Agro-based industry; National Green Technology Policy, National Climate Change Policy, National Biological Diversity Policy, to name a few.

1.14. International cooperation via the provision or receipt of financial and/or technical assistance in the area sustainable development.

- UNDP (Financial and technical)
- UNFPA (Financial and technical)
- APEC (Financial)
- United Nations Environmental Programme (UNEP), working with MARDI on conservation of agriculture biodiversity (technical)
- Intergovernmental Panel on Climate Change (IPCC) on Climate change adaptation (technical)
- Global Environment Facilities' (GEF) fund channeled through UNDP with Ministry of Natural Resources and Environment as a focal point for conservation of land degradation (financial and technical).

Conclusion and Recommendations

Malaysia has made great stride in social and economic development. It is classified as an upper middle income country by the World Bank and a high human development country by the United Nations. The notable achievements and facilitating factors as well as barriers in addressing ICPD issues were noted in Section 1.6 above.

In addressing the ICPD objectives and MDGs, Malaysia has formulated and implemented a host of policies, programmes and strategies to meet the needs, and improving the quality of life of the citizens; and has taken steps to integrate population and environmental concerns in all aspects of development planning through sustained economic growth in the context of sustainable development. The population policy has evolved from one of population influencing (family planning program) to population responsive focusing on family and human capital development. Policies and programmes have been formulated and incorporated in the 5-year Malaysia Plans for implementation.

The institutional structures are in place, with the Economic Planning Unit under the Prime Minister's Department playing a pivotal role in coordination. Malaysia is in a favorable position with many facilitating factors which enable the country to achieve the ICPD objectives and MDGs in terms of poverty eradication, improving educational level, reducing infant and maternal mortality, improving the status of women. Concerted efforts are being taken to combat HIV/AIDS and social ills, environmental protection and more balanced regional development.

Malaysia has already surpassed the MDG 7 targets by formulating policy and legislation on biodiversity and environmental sustainability, and by implementing programmes and projects to enhance the quality of life of its people. It will make further efforts at coordination, enforcement, monitoring and evaluation. Various measures will continue to ensure the sustainability of the environment, including conservation and sustainable use of natural resources. Emphasis will be placed on using renewable energy and on increasing energy

efficiency through new guidelines, standards, laws and incentives, which will help to reduce greenhouse gas emissions²⁸.

Recommendations

- Population issues will continue to be integral component in the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. Development strategies must realistically reflect the short-, medium- and long-term implications of, and consequences for, population dynamics as well as patterns of production and consumption.
- Research should be undertaken on the linkages among population, consumption and production, the environment and natural resources, and human health as a guide to effective sustainable development policies. Demographic data should be utilized more effectively to promote sustainable resource management, especially of ecologically fragile systems. There is a need to encourage and facilitate joint research between the academia and government officials in undertaking research through a two-way internship programme.
- There is a need to have an institutional mechanism to undertake timely and periodic reviews, to assess and monitor the progress towards achieving the ICPD objectives and MDGs of sustainable development and the improvement of the quality of life. A monitoring mechanism is needed to ensure the effective implementation of the various policies, programmes and strategies. There is a need identify facilitating factors and barriers in the implementation so that new approaches can be taken by the relevant authorities.
- Continue to invest in human resource development, and to increase access to information, education, skill development, employment opportunities, and high-quality general and reproductive health services, including family planning and sexual health care. Need for more effective manpower planning to meet the changing needs of the industry, by addressing the issue of mismatch.

²⁸ United Nations Country Team Malaysia (2011). *Malaysia: Millennium Development Goals at 2010*.

- More effective policy measures are needed to stop the brain drain, by addressing the root causes.
- Continue with efforts to promote the status of women, gender equality and equity, and to develop their capability through education and skill development to enable them to effectively contribute to and benefit from economic growth and sustainable development. Measures should be taken to enhance the full participation of all relevant groups, especially women, at all levels of population and environmental decision-making to achieve sustainable management of natural resources.
- As forests play an important role as, for example, water catchment areas, and harbor untapped resources for biotechnology, greater emphasis has to be given to enforcement and governance of forest laws.

SECTION 2: POPULATION GROWTH AND STRUCTURE - ADDRESSING THE NEEDS OF ADOLESCENTS AND YOUTH

Basis for action

Owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportion of children and young people. For the less developed regions as a whole, 36% of the population is below 15 years, and even with projected fertility declines, that proportion will still be about 30 per cent by the year 2015. In Africa, the proportion of the population under age 15 is 45 per cent, a figure that is projected to decline only slightly, to 40 per cent, in year 2015. Poverty has a devastating impact on children's health and welfare. Children in poverty are at high risk for malnutrition and disease and for falling prey to labour exploitation, trafficking, neglect, sexual abuse and drug addiction. The ongoing and future demands created by large young populations, particularly in terms of health, education and employment, represent major challenges and responsibilities for families, local communities, countries and the international community. First and foremost among these responsibilities is to ensure that every child is a wanted child. The second responsibility is to recognize that children are the most important resource for the future and that greater investment in them by parents and societies are essential to the achievement of sustained economic growth and development.

Objectives

The objectives are:

- (a) To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child;
- (b) To meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support,

employment opportunities, participation in the political process, and access to education, health, counseling and high-quality reproductive health services;

(c) To encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity.

Actions

Countries should give high priority and attention to all dimensions of the protection, survival and development of children and youth, particularly street children and youth, and should make every effort to eliminate the adverse effects of poverty on children and youth, including malnutrition and preventable diseases. Equal educational opportunities must be ensured for boys and girls at every level.

Countries should take effective steps to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth, such as abduction, rape and incest, pornography, trafficking, abandonment and prostitution. In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders.

All countries must enact and strictly enforce laws against economic exploitation, physical and mental abuse or neglect of children in keeping with commitments made under the Convention on the Rights of the Child and other relevant United Nations instruments. Countries should provide support and rehabilitation services to those who fall victims to such abuses.

Countries should create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, and should discourage early marriage. The social responsibilities that marriage entails should be reinforced in countries' educational programmes. Governments should take action to eliminate discrimination against young pregnant women.

All countries must adopt collective measures to alleviate the suffering of children in armed conflicts and other disasters, and provide assistance for the rehabilitation of children who become victims of those conflicts and disasters.

Countries should aim to meet the needs and aspirations of youth, particularly in the areas of formal and non-formal education, training, employment opportunities, housing and health, thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles.

Governments should formulate, with the active support of non-governmental organizations and the private sector, training and employment programmes. Primary importance should be given to meeting the basic needs of young people, improving their quality of life, and increasing their contribution to sustainable development.

Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the Rights of the Child. In addition, there is a need for educational programmes in favor of life planning skills, healthy lifestyles and the active discouragement of substance abuse.

REPORT

Introduction

In Malaysia, there were 8.4 million young people in the age group of 10 to 24 years in 2010, which constituted about 30% of the total population²⁹. Young people in Malaysia are healthier and better educated than those of earlier generations. The literacy rate among young people aged 15 to 24 years old has increased from 75% in 1970 to 97% in year 2000³⁰. The female literacy rate was slightly higher than the male literacy rate. Although there was an increase of youth literacy rate, it has not translated into jobs needed. Data from the Labour Force Survey (revise version based on Population and Housing Census 2010) show that the youth (15 – 24 years) unemployment rate was 9.4% for males, while for female it was 10.8%. On the other hand, the unemployed graduates also increased, from 67,800 (3.1%) in 2010 to 84,000 (3.5%) in 2011. Most of the unemployed graduates were female and living in urban areas.

Mean age at first marriage has increased. In 1970, the mean age at first marriage for men was 25.6 years and for women was 22.1 years and this has increased to 28 years for men and 25.1 years for women in 2010³¹. While the mean age at first marriage in Malaysia is increasing, there are still a big number of young women who marry early. The 2010 Population and Housing Census revealed that 84,261 girls and 74,071 boys between the ages of 15 to 19 were married³². The 2004 Malaysian Population and Family Survey (MPFS) also showed that, out of 3,693 married women in Peninsular Malaysia in the study, 2.6% of them married before age of 15 and 20.1% of them married between the ages of 15 and 19³³. On the other hand, for the 1,656 women from Sabah who participated in the same study, the proportion of women who

²⁹ Department of Statistics, Malaysia (2011). *The 2010 Population and Housing Census of Malaysia*.

³⁰ United Nations Country Team, Malaysia (2011). *The Millennium Development Goals at 2010*.

³¹ Zarinah Mahari, Department of Statistic, Malaysia (2011). *Demographic Transition in Malaysia: The Changing Roles of Women*. Paper presented at 15th Conference of Commonwealth Statisticians, New Delhi, India, 7-10 February 2011

³² Department of Statistics, Malaysia (2011). *The 2010 Population and Housing Census of Malaysia*.

³³ NPFDB (2009).. *Malaysian Population and Family Survey (MPFS), 2004*

married before 18 years was much higher (7.1% of them married under the age of 15 and 37.7% married between ages 15 and 19).

In view of the big number of young women who marry early, some of whom married before the age of 15, it was not surprising that the adolescent fertility rate stagnated at 15 per 1,000 women from 1997 to 2005 and it has not changed much up to 2009³⁴. Although the adolescent birth rates in Malaysia is relatively low compared to many other countries in the world, teenage fertility remains a major concern in view of the rising problems of abandoned babies. In addition, the teenage mothers and their children are also at high risk of reproductive morbidity and mortality.

At the same time, sexual intercourse among youths has also increased. The Malaysian Population and Family Survey showed that young people who were sexually active had increased from less than 1% in 1994 to about 2% in 2004³⁵. While the findings from MPFS 2004 still showed that the percentage of youth who had ever engaged in sexual activities was only about 2%, the other studies found that the percentage of young people who were sexually active were much higher, ranging from 5.4% to 13%^{36,37,38}. Despite studies having shown that there is an increase in the number and proportion of young people who are sexually active, their unmet need on contraception among young people and unmarried people remain unclear as the 2004 MPFS only studied the contraceptive use among married women³⁹.

³⁴ United Nations Population Division, World Population Prospects. *Adolescent Fertility Rate*. <http://data.worldbank.org/indicator/SP.ADO.TFRT/countries/ID?display=default>

³⁵ NPFDB (2009). *Malaysian Population and Family Survey (MPFS), 2004*.

³⁶ L.K. Lee et al, (2006). *Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey*

³⁷ Zulkifli, S. N. and Low, W.Y (2000). Sexual practices in Malaysia. *Journal of adolescent health, 2000, 27:276-280*

³⁸ Norliza A et al. (2011). Sex and Youth: Who Did It? *Malaysian Journal of Public Health Medicine, Vol. 11(Suppl 4) 2011. The 6th National Public Health Conference 2011*

³⁹ Norliza Ahmad et al. (2010). *Status of Family Planning in Malaysia, 2010: Sustaining Lower Fertility*. Paper presented at UNFPA and ICOMP Regional Consultation on Family Planning in Asia and the Pacific, 8-10 December 2010, Bangkok, Thailand.

2.1/2.2 National policy, programme and/or strategy addressing the needs of adolescents and youth (10-24 years) that is/are currently being drafted or implemented?

a. National Youth Development Policy (1997)

The National Youth Development Policy was formulated by the Ministry of Youth and Sports as the National Youth Policy in 1985 and later revised in 1997. Although young people age 15 – 40 years are defined as “youth” under this policy, the main focus of youth development programmes and activities of the policy targeted young people age 18 to 25 year. The objective of the policy was to establish a holistic and harmonious Malaysian youth force imbued with strong spiritual and moral values, whom are responsible, independent and patriotic thus serving as a stimulus for the development and prosperity of the nation in consonance with the vision 2020. The policy focused on youth empowerment, human resource development, youth leadership, youth enterprise development, healthy lifestyle, partnership including international relations and networking.

A plan of action was also developed based on the National Youth Development Policy. The plan of action covered the following:

- Provision of knowledge-based training programmes
- Strengthen leadership and self development programmes
- Upgrading skills developments training and creating entrepreneurial and commercial opportunities
- Empowerment of youth organizations
- Provide opportunities and facilities for the self-development of young people
- Enhance the spirit of volunteerism and patriotism
- Ensure the understanding of youth in matters of globalization, the importance of partnership with governments agencies, NGOs, the private sector and international networking
- Support youth-related research, assessment and evaluation

b. Youth Association and Youth Development Act 2007

The Youth Association and Youth Development Act are under the purview of the Ministry of Youth and Sports. The Act sought to register youth societies, promote and facilitate the development of youths in Malaysia in education, research and human resource, to establish a National Youth Consultative Council and the Malaysian Institute for Research in Youth Development.

c. National Education Policy (2012)

The Ministry of Education has published its third edition of the National Education Policy in 2012, following its first version in 1999, and a revised edition in 2004. This current edition of the education policy was updated and revised to achieve the aspirations of the national education transformation which was based on the Razak Report (1956) and the Cabinet Report: Mahathir Statement (1979), as well as translating the aspirations of the nation's Vision 2020, Fifth Malaysia Plan and the Government Transformation Plan.

The objectives of the policy are as follows:

- a. To create faithful and united Malaysian citizens
- b. To produce individuals with beliefs, moral ethics, knowledgeable, competent and peace loving
- c. To provide human resource for the development of the country
- d. To provide education opportunities to all Malaysian citizens

d. National Education Blueprint (2013-2025)⁴⁰

A new Malaysia Education Blueprint 2013-2025 is drafted based on the revised National Education Policy. The blueprint aims to provide a comprehensive plan for a rapid and sustainable transformation of Malaysia's education system through to 2025. This Blueprint was developed with three specific objectives:

⁴⁰ Ministry of Education, Malaysia (2012). *Preliminary Report: Malaysia Education Blueprint, 2013 - 2025*

1. Understanding the current performance and challenges of the Malaysian education system, with a focus on improving access to education, raising standards (quality), closing achievement gaps (equity), promoting unity amongst students, and maximizing system efficiency;
2. Establishing a clear vision and aspirations for individual students and the education system as a whole over the next 13 years; and
3. Outlining a comprehensive transformation programme for the system, including key changes to the Ministry which will allow it to meet new demands and rising expectations, and to ignite and support overall civil service transformation.

There are five outcomes that this Blueprint aspires for the Malaysian education system as a whole; access, quality, equity, unity, and efficiency;

- Access: Ensuring universal access and full enrolment from pre-school to upper secondary education in by 2020;
- Quality: providing students with the opportunity to attain excellence in education that is uniquely Malaysian yet comparable to the best international standards and system, rising from the bottom-third to the top-third of countries in international assessments like PISA and TIMSS in 15 years
- Equity: Halving the achievement gaps between the rich and the poor, urban and rural, and between the states that form Malaysia in 8 years
- Unity: Building an education system for children to appreciate their unique identity as Malaysians, through shared experiences (a range of socio-economic, religious and ethnic backgrounds) and aspirations that form the foundation for unity.
- Efficiency: Maximizing students outcomes within the current budget and resources channeled into the system

Under the Blueprint, the Ministry of Education has identified 11 shifts that will need to occur to deliver the step changes in outcomes envisioned by all Malaysians. These include the following:

- Shift 1: Provide equal access to quality education of an international standard through revised curriculum for schools in 2017 and option for high achieving students to finish school earlier.
- Shift 2. Ensure every child is proficient in the Bahasa Malaysia and English languages through training for English teachers and introduction of Standard Bahasa Malaysia curriculum for all both government and vernacular primary schools.
- Shift 3: Develop value-driven Malaysians through strengthening Islamic, Moral and Civics education; developing students holistically by reinforcing the requirement for every student to participate in 1 Sport, 1 Club and 1 Uniformed Body; expanding the Student Integration Plan for Unity or *Programme Rancangan Integrasi Murid Untuk Perpaduan* (RIMUP) programme
- Shift 4: Transform teaching into a profession of choice by recruiting the top 30% of graduates for teaching; upgrading the quality of continuous professional development; reducing administrative burden of teachers; enhance pathways for teachers into leadership, master teaching and subject specialists' roles.
- Shift 5: Ensure high-performing school leaders in every school.
- Shift 6: Empower state and district Education Departments and schools to customize solutions based on need.
- Shift 7: Leverage ICT to scale up quality learning across Malaysia.
- Shift 8: Transform Education Ministry delivery capabilities and capacity to ensure there is no overlap of functions and roles at every level are more streamlined.
- Shift 9: Partner with parents, community and private sector in supporting student learning.
- Shift 10: Maximize student outcomes for every ringgit in order to ensure "outcome-based budgeting" with government spending on education
- Shift 11: Increase transparency for direct public accountability

The blueprint is currently being reviewed and will be revised accordingly based on the inputs by relevant stakeholders and civil societies. The blueprint will be completed by December 2012.

e. National Adolescent Health Policy (2001)

The National Adolescent Health Policy was launched and implemented by Ministry of Health since 2001, to empower adolescents (age 10 – 19 years) with the appropriate knowledge and assertive skills to enable them to practice health-promoting behavior through their active participation.

The objectives of the policy included the following:

- to support the development of resilient adolescents through promotion of health and responsible living,
- to prevent the health consequences of risky behavior through promotion of wellness and provision of appropriate health care services and
- To promote active adolescent participation in health promotion and preventive activities. However, the policy did not address the sexual and reproductive health needs among adolescents directly.

f. The National Adolescent Health, Plan of Action (2006-2020)

The Ministry of Health has developed a national plan of action for adolescent health for the period 2006-2020, with the following objectives⁴¹:

- Promoting the development of resilient adolescents through promotion of health and responsible living;
- Preventing the health consequences of risk behaviors through promotion of wellness and provision of health care services;
- Promoting active adolescent participation in health promotion and preventive activities.

Five priority areas identified included:

- Nutritional health
- Sexual and reproductive health (SRH)

⁴¹ Ministry of Health (2007). *National Adolescent Health. Plan of Action. 2006—2020*. Kuala Lumpur.

- Mental health
- High-risk behaviors and
- Physical health

The strategies covered the following areas:

- health promotion,
- access to appropriate health services,
- human resource development,
- adolescent health information system,
- research and development,
- strategic alliances and
- legislation

g. National Policy on Reproductive Health and Social Education (2011)

The National Policy on Reproductive Health and Social Education was developed in 2011 is aimed at increasing the knowledge on sexual and reproductive health among Malaysians and encourage them to have a positive attitudes towards reproductive health and social services. According to the statements made by the Secretary General, Ministry of Women, Family and Community Development at the 44th Session of the Commission on Population and Development in April 2011 the policy will “further pave the way for more accessible reproductive, sexual and social health information and services for in-school, out-of-school and most at risk youths. Information and skills on adolescent sexual and reproductive health (ASRH) would also be integrated into the National Service Programme curriculum which covers more than 100,000 school leavers each year”.

2.3/2.4 Institutional entities to address issues regarding the needs of adolescents and youth (10-24 years)

a. Cabinet Committee on Youth Development, 2010⁴²

The Cabinet Committee on Youth comprising members of 12 ministries was established in 2010 and chaired by the Deputy Prime Minister. The committee represents the full commitment of the Government in pursuing matters pertaining to youth aged between 15 and 40. This Committee coordinates and updates the delivery system for youth development programmes as well as to streamline the roles and responsibilities of the ministries involved.

b. Malaysian Youth Council (since 1948)

The Malaysian Youth Council (MYC) was established on July 23, 1948 and it is the national umbrella body of youth organizations in Malaysia (It should be noted that youth in Malaysia is defined as young people age 15 – 40 years). Its aim is to achieve the objectives of the National Youth Development Policy by integrating youth development into the national development in accordance with Vision 2020.

c. National Youth Consultation Council (*Majlis Perundingan Belia Negara*)

The National Youth Consultative Council was established under the Youth Association and Youth Development Act 2007 and serves as a platform for youth organizations which registered under the Registrar of Youth to have their voices or issues heard by the government.

d. Malaysian Youth Research and Development Institute

The Malaysian Youth Research and Development Institute was also established under the Youth Association and Youth Development Act 2007 as the national youth development research centre. The institute is responsible for the following:

⁴² Economic Planning Unit, Prime Minister's Department, Malaysia. (2010). *The Tenth Malaysia Plan, 2011 – 2015*.

- to gather, manage and disseminate information and maintain records of all relevant matters relating to youth development;
- to conduct, facilitate or fund research relevant to youth development;
- to provide technical, advisory, consultancy and related services in respect of youth development;
- to establish and maintain liaison and cooperation with other related institutions within and outside Malaysia in the interest of enhancing youth development;
- to analyze, evaluate and make recommendations on youth activities organized by youth societies, government bodies, non-government organizations or any other private sector organizations;
- to carry out educational and awareness programmes for the promotion of youth development;
- to cooperate, coordinate and participate in youth development programmes or activities related to research organized by national or international organizations

e. Adolescent Health Unit, Ministry of Health (1996)

The Adolescent Health Unit was established as an expanded scope of the Maternal and Child Health Programme by the Ministry of Health, Malaysia in 1996 to provide the following services for adolescents:⁴³

- health promotion,
- screening for health-risk behaviors including behaviors that contribute to injuries and violence;
- alcohol or other drug use;
- tobacco use;
- sexual and reproductive health;
- unhealthy dietary behaviors;
- physical inactivity,

⁴³ Ministry of Health, Malaysia (2008). *Malaysia's Health 2008*.

- counseling,
- Referral to hospitals or other agencies for further management.

f. National Technical Committee on Adolescent Health (2008)

The above committee was formed in 2008 in response to the difficulty of handling increasing teenage pregnancies in the country. Headed by the Deputy Director General of Health this committee is made up representatives from all relevant agencies included the religious (all religions in the country), lawyers as well as health professionals. The committee also oversee the implementation of the National Adolescent Health Policy and Plan of action. A task force was subsequently formed to produce guidelines for the management of adolescent sexual and reproductive health (waiting for approval of relevant authorities) at the health centres as well as the youth centres at the National Population and Family Development Board.

2.5 Addressing ICPD issues regarding the needs of adolescents and youth (10-24 years) in the national context during the last five (5) years.

a. Creating employment opportunities for youth

The issue of youth employment is addressed under the Ninth Malaysia Plan (2006 – 2010) and the Tenth Malaysia Plan (2011 – 2015).

Under the Ninth Malaysia Plan, skills training including vocational skills (electrical and mechanical engineering, civil engineering, electronics, automotive and photography) and soft skills (interpersonal communication, effective English communication and ICT) were provided by both government and private training institutes to increase the employment opportunities for youth⁴⁴. In addition, the Ninth Malaysia Plan also provided entrepreneurial development programmes to nurture the entrepreneurial potential of youths and to enable them to participate actively in business enterprises as well as promote self-employment. Various

⁴⁴ Economic Planning Unit, Prime Minister's Department, Malaysia. (2006). *The Ninth Malaysia Plan, 2006 – 2010*.

training, seminars and short courses as well as advisory services were provided to young and new entrepreneurs.

Under the Tenth Malaysia Plan, increase in youth employment was proposed to be achieved through the following⁴⁵:

- Increase enrolment in technical education and vocational training (TEVT) and improvement in training quality to improve the skills of the workforce.
- Strengthening Industry and Research Collaboration through Knowledge Transfer Partnership (KTP) programme – through joint innovation projects by universities and business partners from the industry who also provide industrial-based training for graduates to enhance their practical knowledge, business skills and employability.
- Upgrading course curricula to balance academic content and soft skills.

b. Addressing the adverse effects of poverty on adolescents and youth

There is no specific policy or programme in Malaysia to address the adverse effects of poverty on adolescents and youth. However, the issue is addressed indirectly through the poverty eradication programme under the Ninth and Tenth Malaysia Plan. The plan aimed to increase access to education and training, support programmes such as provision of textbooks, scholarship and allowance, and supplementary food to adolescents or youth from poor households. More hostels were built to accommodate students from poor families. In addition, the Tenth Malaysia Plan also stated that *“special consideration for placements in boarding schools, matriculation centres and public universities will be given to students from the bottom 40% of the households. In addition, students who have secured places in private education institutions will be given financial assistance based on merit, to enable them to pursue their education”*.

The Ministry of Education has developed programmes, allocated budget and taken concrete measures to provide for poor students, such as ;

⁴⁵ Economic Planning Unit, Prime Minister’s Department, Malaysia. (2010). *The Tenth Malaysia Plan, 2011 – 2015*.

- Supplementary Food Programme
- Uniform Aid for Uniformed Bodies
- Federal Minor Scholarship
- University Preparatory Class Scholarship
- Sports Scholarship
- Pre-University Allowance
- Monetary Allowance for Students with Special Needs
- Pre-School Per Capita Grant
- Meal Grant
- Per Capita Grant
- Special School Fees
- School Co-curricular Activities Grant
- Food Assistance for Students in Residential Schools
- Transport Assistance
- Special Project for Residential Schools
- Life Jacket Aid
- Adult Class for Orang Asli, Indigenous and Penan
- Supplementary Milk Programme
- School Sports Assistance
- Assistance for Pre-School Co-curricular Activities
- Co-curricular Activities Aid
- Trust Fund for Poor Students
- Textbook Loan Scheme

c. Addressing the violence, exploitation and abuse of children, adolescents and youth, including sexual exploitation and commercial sexual exploitation

i. *Talian Nur*

The “*Talian NUR*” hotline (15999) is the 24-hour helpline set up by the Ministry of Women, Family and Community Development (MWFCD) in 2007. The calls through this hotline enable the authorities to intervene, for victims of domestic violence and child abuse including sexual abuse. Calls are handled by trained people and in four languages; Bahasa Malaysia, English, Mandarin and Tamil.

ii. The MOE has set up the free Hotline AduDisiplin and Adu Disiplin e-mail in 2004. The calls are monitored by the ministry’s customer service department, who will channel complains on bullying, abuse and harassment to the appropriate divisions within the ministry.

The MOE has also piloted a new online system ‘Sistem PeLaporan Isu Disiplin dan Pendidikan’ (e-PIDP) which all schools will be using to report any incidence pertaining to bullying, harassment, health and safety of the students, to alert and for further action to be taken at the district , state or ministry level. This system will be used in full force by all schools in 2013.

iii. One Stop Crisis Centres (OSCC)

Sexual violence including children, adolescents or youth sexual abuse cases can be reported at the Accident & Emergency (A&E) unit or the OSCC at the local General Hospital immediately without first making a Police report. In the event the abuse is confirmed, the hospital will make a police report. However, for some hospitals, the police report is preferably lodged by the guardian at the nearest Police Station where the incident happened prior to coming for medical examination. The OSCC will diagnose child sexual abuse and provide medical treatment or psychiatric counseling.

For certain OSCC where a “Suspected Child Abuse and Neglect” (SCAN) team (comprising Pediatricians, Gynecologists, Psychiatrists, Medical Social Workers, Social Welfare Officers and the Police) is available, child abuse cases will be attended to by the team. The roles of the SCAN Team include:

- Assess and provide treatment and follow-up services for the abused children.
- Provides a legal context that can help to make further relevant recommendations that is in the best interest of the abused child.
- Help children feel comfortable about being examined and questioned. They use words children understand and will explain carefully what they are going to do.

iv. Awareness Programmes on abuse or violence on children, adolescents and youth

Most of the awareness programmes are run by the NGOs such as Protect & Save the Children Association of Selangor & KL (PS The Children) and FRHAM together with the government agencies including Ministry of Health, Ministry of Education and Ministry of Women, Family and Community Development.

The “Keeping Me Safe Programme” (KMS) has been conducted by PS The Children since 2008 with the objective of equipping school children with knowledge on personal safety and awareness on child sexual abuse. The KMS project programme modules for children focuses on topics such as building self-esteem so as to empower them to practice being assertive or to tell someone for their own protection; touch feelings and touching rules and saying ‘NO’ amongst others. The programme was initiated with the cooperation of the Ministry of Education and State Education Departments of Selangor and Kuala Lumpur and it has further extended to the Department of National Unity (*Jabatan Perpaduan Negara dan Integrasi Nasional*) through the training of 100 preschool teachers.

On the other hand, the FRHAM’s programmes are more focused in providing information and skills training on sexual and reproductive health including sexual violence and gender based violence to the adolescents and young people.

v. Instituting concrete procedures and mechanisms for adolescents and youth to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives

Malaysia has started to include adolescents and youth in the planning, implementation and evaluation of development activities that have a direct impact on their lives in the recent years.

The examples are as follows:

- The Country Coordinating Mechanism (CCM) of the Global Fund Programme in Malaysia has invited young people to participate in the implementation and planning of the HIV programmes (Global Fund related programmes) in Malaysia. A seat for the CCM representatives is reserved for youth representative to be elected to the CCM board.
- Under the Economic Transformation Programme (ETP) launched in 2010 the government has set up mechanism to involve youth in youth related agenda, including a youth parliament and a council on youth agenda.

(http://www.kbs.gov.my/mtpb/index.php?option=com_content&view=article&id=46&Itemid=54)

- Feedbacks are also obtained from the young people by Ministry of Education with regards to their needs and opinion on The Malaysian Education Blueprint 2013-2025.

vi. Ensuring that adolescents and youth have the same rights and access to sexual and reproductive health services, including HIV prevention services

Young people may obtain SRH services including HIV prevention services from the 642 adolescent health clinics under the primary health care services, Ministry of Health throughout the country. The National Strategy Plan on HIV and AIDS 2011-2015 also identified young people as one of the key population for HIV prevention and annual budget is allocated for HIV prevention programmes among young people. These programmes include the following:

- Integration of HIV Prevention Programme in national service training programme
- PROSTAR (Healthy Youth Without AIDS Programme)

Young people also can access counseling, reproductive health and HIV information and services at 6 Kafe@TEEN run by National Population and Family Development Board's Clinics.

Furthermore, youth friendly centres and clinics are set up FRHAM, specifically for young people to access SRH and HIV information, education and services. Through the youth centres, youth friendly sexuality education coupled with life skills are imparted to young people. In addition, services such as counseling on safer sex and sexuality, contraceptives services, HIV prevention information, condom and VCT, screening and management for STIs and referral for safe abortion services are also available for clients including young people. On the other hand, FRHAM and its state Member Associations also reach out to young people from marginalized communities such as young drug users, sex workers, transsexuals, MSM and youth with disabilities and provide them with comprehensive youth-friendly SRH education and services including HIV and AIDS.

For more information, please refer to Section 6.6 (i) and 6.20.

vii. Collecting age and sex disaggregated data on the socio-economic status of adolescents and youth

Age and sex disaggregated data on the socio-economic status of adolescents and youth are collected by MOE using '*Aplikasi Pangkalan Data Murid (APDM)*' (Students' Data Application). These data are collected through online data application to collect information on student particulars, parents' information and class registration.

2.6 Achievements in addressing issues related adolescents and youth (10-24 years)

The issue identified in this section is "Ensuring that adolescents and youth have the same rights and access to sexual and reproductive health services, including HIV prevention services". With regards to the achievement, the MOH reported that Malaysia has completed literature review of sexual and reproductive Health of Adolescent and Youths in Malaysia with the support of World Health Organization in 2005. In addition, reproductive health services have been

integrated in the primary healthcare and young people can access it with ensure of confidentiality. The facilitating factor is the well established health facilities nationwide. However, the barrier to young people to access the services is their own perceived social stigma on adolescents' SRH related issues.

2.7 Most relevant issues regarding the needs of adolescents and youth (10-24 years) that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

i. Poverty and unemployment of youth

Data from the Labour Force Survey (revise version based on Population and Housing Census 2010) show that the youth (15 – 24 years) unemployment rate was 9.4% for males, while for female it was 10.8%. On the other hand, the unemployed graduates also increased, from 67,800 (3.1%) in 2010 to 84,000 (3.5%) in 2011. The reasons for young people who despite graduating from university are not able to enter the labour force may be due to their education and skill mismatch, in which young people do not seem to have the skills required by the labour market and lack of proficiency in English⁴⁶. These unemployed young people can end up with no jobs or working in low-paying and dead end jobs (mainly in the informal sector) with little security and no real prospects for the future. Furthermore, unemployment or underemployment may also increase the vulnerability of young people to risky behavior such as criminal activities, which in turn further reduces their opportunity for decent work and instead exposes them to economic and social insecurity contributing to further burden for the society⁴⁷. Despite various programmes such as internship, soft-skill training and job placement initiatives which have been designed for unemployed graduates under the Ninth and Tenth Malaysia Plan⁴⁸, more efforts are needed to address this issue.

⁴⁶ Lim, H.E. (2011). *The Determinants Of Individual Unemployment Duration: The Case Of Malaysian Graduates*. 2nd International Conference on Business and Economic Research (2nd ICBER 2011) Proceeding

⁴⁷ Commission for Social Development, Forty-fifth session, 7-16 February 2007. *Youth Employment: Impact, Challenges and Opportunities for Social Development*

⁴⁸ Economic Planning Unit, Prime Minister Department. (2010). *Tenth Malaysia Plan 2011 – 2015*.

ii. Prevention and effective intervention of teenage pregnancy

Although the adolescent birth rates in Malaysia is relatively low (stood at 15 per 1,000 adolescent women in 2009) compared with many other countries in the world, teenage fertility remains a major concern. According to the vital statistic Malaysia, in 2009, the number of live births to adolescent mothers (aged 19 and below) was 19,125, accounting for 4% of the total live births⁴⁹. Out of 19,125 live births from adolescent mothers, 214 of the mothers were below 15 at the time of delivery. On the other hand, births to mothers in the 20-24 year were reported at 85,650, which was 17.3% of the total live births. On the other hand, most of the young unmarried girls who have unintended pregnancies are forced to drop out from school, while some of them choose to deliver in a temporary shelters and give up the baby for adoption Others have been known to abandoned their babies in garbage dumps, bushes or public toilets. According to the Star's report on 21 June 2011, in 2008 until April 2011, a total of 539 teenage girls were pregnant and sheltered at the welfare institutions⁵⁰. In addition, 472 babies were abandoned throughout the country from 2005 to August 2010, of which, 258 were dead and 214 were still alive according to police report, quoted by the Malaysian Insider⁵¹.

iii. Prevention of unintended pregnancies, STI and HIV/AIDS through effective and comprehensive sex education

Despite the launch of the Reproductive Health and Social Education Policy in 2009 and that "Reproductive Health and Social Education" had been planned to be introduced into school curriculum from 2010, the promotion and implementation of comprehensive sexuality education in schools is still controversial due to the cultural and religious beliefs. Many fear that it might encourage sexual activity among young people who are not sexually active, and increase levels of risk-taking among those who are sexually experienced. Moreover, for many

⁴⁹ Department of Statistics, Malaysia. *Vital Statistics 2010, Malaysia*.

⁵⁰ The Star Online, 21 June 2011. *Punishing teen mums is of no help*

⁵¹ The Malaysian Insider, 16 August 2010. *Police to classify abandoned baby cases as murder and attempted murder*. <http://www.themalaysianinsider.com/malaysia/article/police-to-classify-abandoned-baby-cases-as-murder-and-attempted-murder/>

adults, including parents and teachers, it is perhaps convenient not to have to talk with young people about sexual matters.

On the other hand, the guidelines for the schools and teachers to implement the Reproductive Health and Social Education such as lesson plans, who are responsible to teach the subject, how the subject is to be incorporated it into the current timetable, the mode of delivery, for example, over whether the subject should be addressed via knowledge-based models or via interactive and skills-based modes of learning, etc still remained unclear. For the other training programmes on sexual and reproductive health for the young people that are conducted by NPFDB and NGOs such as FRHAM, may be limited due to constrains of resources both from the standpoint of manpower and funding. The needs of the out-of-school youths are in general are also poorly met. Currently, only FRHAM provides some SRH and HIV information for the youths in juvenile homes and even this hinges on availability of funds from funding agencies like UNFPA

iv. Prevention of unsafe abortion as the top cause of death of services among young people

In Malaysia, abortion is permitted under The Penal Code Amendment Act (Section 312, 1989) if 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.⁵² Although abortion is permitted under certain conditions in Malaysia, most people, including the healthcare professionals are uninformed of the legal framework of abortion and have conservative opinions on this issue. Kamaluddin's study (2008) among abortion clients, found that 41% of respondents did not know the legal conditions of abortion⁵³. Most people are not aware of it and most of the healthcare providers tend to overlook the need of women to have access to safe abortion services out of fear that addressing it might be construed as promoting abortion. This may drive women including young people who need abortion services to go underground for unregulated

⁵² The Commissioner of Law Revision, Malaysia. (2006). *Laws of Malaysia – Act 574 Penal Code*.

⁵³ Kamaluddin, S. F. (2010). A Follow-up Profile of Women Seeking Pregnancy Terminations in a Clinic in Urban Malaysia: 1998-2005. *Jurnal Sains Kesihatan Malaysia* 8 (1) 2010: 5-11

and unsafe abortions. Study by Hematram Y (2006) reported that unsafe abortion in Malaysia accounts for one in 5 deaths over the ten years previous to 2006⁵⁴.

According to a follow-up study by Kamaluddin (2008) on 28,605 women seeking pregnancy terminations at a private clinic in Penang from 1998 to 2005, it was reported that there was a growing trend of young single teenage and young adult working women who sought abortion services⁵⁵. A total of 7 to 8% of the women who seek for abortion services were in the age group of 15 to 19 years and the number of these young women who had abortion had increased from 110 in 1999 to 140 per year in 2004/2005. Majority of the women aged 15 to 19 (59%) had their abortion when they were 6 to 9 weeks pregnant, followed 22% at 10 to 12 weeks of their pregnancy.

v. Greater accessibility to SRH services for youth

Despite the Ministry of Health's commitment to addressing the sexual and reproductive health service needs of youth through their adolescent clinics, most of the young people are still not aware of the services due to lack of publicity. It is generally assumed that the government does not provide contraceptive services to the unmarried young people. In addition, most of the health professionals who serve young people are often confronted with policies, regulations and guidelines with which they have to weigh against issues surrounding rights of their clients, religious views, and their own personal beliefs about a very sensitive issue like sexual matters. Those who lack the skills to deal with sexuality issues, may indeed be ineffective and inappropriate to care for young people and thus. As such, it is important to ensure the adolescents and young people's accessibility to SRH services through more publicity and a supportive environment.

⁵⁴ Hematram Y, (2006). *Measuring Maternal Mortality in Malaysia (p31)*, Kuala Lumpur Malaysia, Department of Community Medicine, International Medical University, (http://myais,fsk.um.edu.my/6369/1/Hematram_y)

⁵⁵ Hematram Y, (2006). *Measuring Maternal Mortality in Malaysia (p31)*, Kuala Lumpur Malaysia, Department of Community Medicine, International Medical University, (http://myais,fsk.um.edu.my/6369/1/Hematram_y)

2.8 Assessment/situation analysis on the needs of adolescents and youth (10-24 years) at the national and/or subnational level in the last five (5) years

1. The Study on Malaysian Youth Index (MYI), an instrument that was developed by The Malaysian Youth Research and Development Institute to monitor the quality of life and well-being of Malaysia's youth was conducted in 2006, 2008 and 2011. The study contains 62 indicators clustered in nine domains to provide a comprehensive picture of the well-being of youth in the country, the nine domains include the following:

- Self Development
- Social Relationship
- Identity
- Self Potential
- Leisure Time
- Health
- Media Penetration
- Deviant Behavior
- Economic Well-Being

2. The latest National study on reproductive health and sexuality of adolescents in Malaysia was conducted in 1994 by the National Population and Family Development Board. Notwithstanding young people were included in the Malaysian Population and Family Survey (conducted every ten years the latest of which was in 2004), limited data were collected in these surveys. It is suggested that the survey should include information about young people's sexual development such as age of menarche, wet dream; young people's attitudes and sexual activities such as the practice of safe sex and use of family planning methods etc.

2.9 Three (3) civil society organizations (CSOs) whom the government has partnered with in the area of adolescents and youth (10-24 years) over the past five (5) years

- a. **Federation of Reproductive Health Association Malaysia** (the leading national NGO in RH, previously known as Federation of Family Planning Associations Malaysia) in service delivery, research and data collection, advocacy and policy formulation, awareness raising and social mobilization, and education and training.

- b. **Malaysian Association for Adolescent Health (MAAH)** established in 2006 aimed at awareness raising and social mobilization. It is also MAAH's objective to promote public and professional interest in the comprehensive development of healthcare, and well being of young people. Over the last few years the MAAH has been very active in training of trainers and counselors to promoted health lifestyle (including reproductive health) among as rural and as well as urban youths.

- c. **Malaysian Youth Council (MYC also known as MBM)** in service delivery, advocacy and policy formulation, awareness raising and social mobilization.

2.10 Three (3) private sector partners whom the government has partnered with in the area of adolescents and youth (10-24 years) over the past five (5) years

There is no report of any partnership with the private sector.

2.11 Three (3) examples where the government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area of adolescents and youth over the past five (5) years

- a. The Family Health Division, MOH has been supported by World Health Organization (WHO) in financial and technical aspects, including consultancy, workshop in development or adaptation of training modules and manuals and training of trainers on the use of new module/manual.

- b. The National Population and Family Development Board (NPFDB) works closely with the United Nations Population Fund (UNFPA) in promoting adolescents and young people sexual and reproductive health. In the past 5 years (2008 – 2012), NPFDB has up-scaled it's Kafe@TEEN Programme through the support of UNFPA.

- c. The Ministry of Youth and Sports on the other hand has been working closely with countries such as Japan, Korea and Singapore for youth exchange programme.

Conclusion and Recommendations

1. Malaysia given high priority and attention to all dimensions of the protection, survival and development of children and youth, and has made great efforts to eliminate the adverse effects of poverty on children and youth, including malnutrition and preventable diseases through the various educational and school health programmes and strategies. The provision of free education up to the secondary level has ensured universal access to education, resulting in educational improvement, and with increasing enrolment in secondary and tertiary levels. Equal educational opportunities are provided for boys and girls at every level, and the gender gap in education has reversed in favor of the girls. Unfortunately this high educational attainment has not resulted in commensurate improvement in employability of young people. There is a need to realign our educational approach to address those areas which will enable our young people to be employed and contribute to the development of the country.

2. The attrition rate of boys from the formal school system needs careful study so that appropriate action can be taken to reduce the numbers of dropouts. Dropping out of school exposes the boys to risk behavior. Furthermore even if remedial programmes are organized for them they are difficult to reach. Plans to channel these students into vocational and technical programmes are in place. MOE can enhance existing programmes as well as take measures to market these programmes to these students, instead of expecting them to just follow the academic streams of science and arts. This will keep them in school until they reach an age where they are less likely to be lured into risky behaviors.

3. The growing numbers marriage of girls below legal age at marriage is a cause for concern. Marriage at too young an age exposes these young girls to maternal mortality and morbidity. It deprives them of an education and therefore economic opportunities and it confines them to a life of total dependence on their husbands. Although we have laws (legal age of marriage) it also allow parents to apply to the religious department (in the case of Muslims) and to the chief Minister of the state (in the case of the non Muslims) for permission to marry their daughters below the legal age for marriage. There is therefore a need to look into educating parents on the health benefits of marriage after twenty to ensure that all boys and girls are protected from child marriage.
4. According to a UNICEF report, despite significant strides made by the government in improving child protection measures in recent years, statistics from the Department of Social Welfare show a rise in reported child abuse cases in Malaysia from 1,999 child abuse reports in 2006 to 2780 in 2008. To address this social problem, and in keeping with the Convention on the Rights of the Child, more effective steps must be taken to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth, such as sexual abuse, domestic violence, abduction, rape and incest, pornography, neglect and abandonment. Guidelines should be drawn up to encourage and require teachers to report child abuse and cases of neglect.
5. The issue of teenage pregnancy has to be addressed by parents, schools as well as the politicians. We all know that sex education delays initiation into sex and even when teenagers have sex they take precautions to prevent pregnancy and infectious diseases. Sex education like all forms of education empowers people with the information to make sound decisions. With sex education young people will be empowered with the knowledge to protect themselves. Sex education does not make young people get involved in sex but in fact delays their involvement in sex.
6. The involvement of young people in decision making at all levels of programme planning of youth programmes is very limited in the country although some government agencies such as Ministry of Education, Ministry of Youth and Sports and NGOs like The Country Coordinating Mechanism (CCM) of the Global Fund Programme and FRHAM has involved young people.

Young people must be given more say in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives related to programmes for themselves. The youth council is often invited to represent the young people but membership in the council is valid for youths up to forty years.

SECTION 2: POPULATION GROWTH AND STRUCTURE - ADDRESSING THE NEEDS OF OLDER PERSONS

Basis for action

The decline in fertility levels, reinforced by continued declines in mortality levels, is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of very elderly persons. In the more developed regions, approximately one person in every six is at least 60 years old, and this proportion will be close to one person in every four by the year 2025. The situation of developing countries that have experienced very rapid declines in their levels of fertility deserves particular attention. In most societies, women, because they live longer than men, constitute the majority of the elderly population and, in many countries, elderly poor women are especially vulnerable. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working-age population, has significant implications for a majority of countries, particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of this 'ageing of populations' is both an opportunity and a challenge to all societies. Many countries are currently re-examining their policies in the light of the principle that elderly people constitute a valuable and important component of a society's human resources. They are also seeking to identify how best to assist elderly people with long-term support needs.

Objectives

The objectives are:

- (a) To enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired;
- (b) To develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women;

(c) To develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people within the family.

Actions

All levels of government in medium- and long-term socio-economic planning should take into account the increasing numbers and proportions of elderly people in the population. Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of multigenerational families, and the provision of long-term support and services for growing numbers of frail older people.

Governments should seek to enhance the self-reliance of elderly people to facilitate their continued participation in society. In consultation with elderly people, Governments should ensure that the necessary conditions are developed to enable elderly people to lead self-determined, healthy and productive lives and to make full use of the skills and abilities they have acquired in their lives for the benefit of society. The valuable contribution that elderly people make to families and society, especially as volunteers and caregivers, should be given due recognition and encouragement.

Governments, in collaboration with non-governmental organizations and the private sector, should strengthen formal and informal support systems and safety nets for elderly people and eliminate all forms of violence and discrimination against elderly people in all countries, paying special attention to the needs of elderly women.

REPORT

Introduction

The life expectancy for Malaysian men has increased to 71.7 years while for women it is 76.6 years according to the data from Department of Statistic⁵⁶. The proportion of elderly (60 years old and above) is projected to increase to 15% by 2030⁵⁷. The increasing life expectancy and proportion of elderly population indicate that more people are living longer these days; hence it impossible for the government to disregard their needs and its implications to the social, economic and health aspect.

The ICPD Programme of Action called upon all countries to take into account the increasing numbers and proportions of elderly population in the socio-economic planning, to develop social security systems that ensure greater intergenerational and intra-generational equity and solidarity, to provide support to elderly people including long-term support and services for growing numbers of frail older people, to enhance the self-reliance of elderly people, to facilitate elderly to continue participation in and contribute to the society and enable them to lead self-determined, healthy and productive lives. The governments should also *“collaborate with non-governmental organizations and the private sector, strengthen formal and informal support systems and safety nets for elderly people and eliminate all forms of violence and discrimination against elderly people in all countries, paying special attention to the needs of elderly women”*.

⁵⁶ Department of Statistics. (2010). *Demographic Indicator, Malaysia*.
http://www.statistics.gov.my/portal/download_Population/files/BPD/ind_2010.pdf

⁵⁷ The Star online, 11 July 2011. *Malaysia will become aged nation by 2030*.
<http://thestar.my/news/story.asp?file=/2011/7/11/nation/20110711144047&sec=nation>

2.12/2.13 National policy, programme and/or strategy addressing ageing and/or the needs of older persons (60+ years) that is/are currently being drafted or implemented

i. National Policy for the Elderly (1995 – 2005, 2010 – 2015)

The National Policy for the Elderly was developed and approved by the government in 1995 “to ensure the social status, dignity and well being of older persons as members of the family, society and nation by enabling them to optimize their self potential, have access to all opportunities and have provision for care and protection.”⁵⁸ In this policy, Older persons are defined as persons aged 60 years and above, in line with the World Assembly on Ageing in 1982 in Vienna. The main responsible institution for this policy is the Department of Social Welfare under Ministry of Women, Family and Community Development. The objectives of the policy are as follows:

- To enhance the respect for and self-worth of the elderly in family, society and nation.
- To develop the potential of the elderly so that they remain active and productive in national development and to create opportunities for them to continue to live independently.
- To encourage the establishment and the provision of specific facilities to ensure the care and protection of the elderly.

Five strategies are stated in the National Policy for the Elderly and they include:

- **Respect and Self Esteem** – to enable the elderly to live with respect, self-worth, safe, free from oppression and abuse, receive fair and just treatment, enjoy opportunity to realize their optimum potential and ensure the accessibility to resources of education, culture, the spiritual and recreations in the society
- **Independence** - to ensure the basic needs of the elderly are met and to assist elderly to continue to be of service and to contribute to the nation

⁵⁸ Department of Social Welfare. (1995). *National Policy for the Elderly*.

- **Involvement** - To enable the elderly to play a role in society and to involve themselves actively in the formulation and implementation of policies or form societies or organizations related to their well-being and according to their capabilities and interests
- **Care and Protection** - to ensure that the elderly enjoy the basic rights of the individual when receiving care and treatment with respect to their dignity, belief and needs, to provide facilities including health care facilities for care and protection within the family and society and to establish a comprehensive social securities system to ensure a stable income and welfare for the elderly
- **Research and Development** – to promote and conduct evidence base research on elderly for programme purposes

ii. The Plan of action for older person, 1999

The National Policy for the Elderly was further translated in to a Plan of action for older person in 1999⁵⁹, with a focus on the following:

- **Education** – to encourage elderly for continuous learning
- **Employment and Participation in society** - to encourage elderly to continue to participate in the society and contribute to the country
- **Recreation** – enabling environment for elderly to carry out recreational activities
- **Transportation** – public transportation system should be older person friendly
- **Housing** – Accessibility of older person to the new development housing area
- **Support system of the family** – community support system to assist the family to provide care to older person
- **Health and Social security** – provision of healthcare facilities and comprehensive social security scheme for older person
- **Media** – to encourage media to play an active role to educate the public towards older persons' issues
- **Research and development**

⁵⁹ Department of Social Welfare. (1999). *The Plan of action for older person*.

iii. National Health Policy for Older Persons (2008 – 2013)

The development of National Health Policy for Older Persons by the Family Health Development Division, Ministry of Health is *“to ensure healthy, active and productive ageing by empowering the older persons, family and community with knowledge, skills, an enabling environment; and the provision of optimal health care services at all levels and by all sectors.”*

The policy is developed based on the following guiding principles and objectives:

Guiding Principles:

- Maintaining Autonomy and Self Reliance
- Recognizing the Distinctive Needs of Older Person
- Supporting Carers
- Promoting Healthy Ageing
- Providing Continuity of Care
- Maintaining the Rights of Older Person to Quality of Life and Death

Objectives:

- To improve the health status of older persons
- To encourage participation in health promoting and disease prevention activities throughout the life course
- To provide age friendly, affordable, equitable, accessible, acceptable, gender sensitive, seamless healthcare services in a holistic manner at all levels
- To advocate and support the development of enabling environment for independent living

Through strategies such as health promotion, provision of a continuum of comprehensive health care services, human resource planning and development, information system, research and development, interagency and inter-sectoral collaboration and legislation, the policy aimed to achieve optimal health for older persons in Malaysia.

iv. The Health Care for the Elderly Plan (2001 – 2005)

The main responsible institution for the plan is Ministry of Health. The plan aimed to expand the scope of health care services including integration of geriatric medicine; extension of specialist geriatric services to more hospitals and provision of rehabilitative care such as physiotherapy, audiology, speech and occupational therapy services for the elderly.

2.14/2.15 Institutional entities to address issues regarding ageing and/or the needs of older persons (60+ years)

i. National Advisory and Consultative Council for the Elderly (NACCE)

The National Advisory and Consultative Council for the Elderly were established on 22 May 1996 under the Minister of Women, Family and Community Development to address all issues related to ageing. The Council represented by 34 members from the relevant government agencies, NGOs, private sectors and the Department of Social Welfare under the Ministry is served as the secretariat and focal point. The NACCE had formed a technical committee to develop the Plan of Action of Older Person in 1996 and responsible to monitor the implementation and the progress of the Plan of Action.

ii. Institute of Gerontology, University Putra Malaysia

The Institute of Gerontology is established on 1st April 2002, as a collaborative effort between the Faculty of Human Ecology and the Faculty of Medicine and Health Sciences, UPM. The institute is formed to conduct research that covers a wide area of old age and ageing through a multidisciplinary approach in order to contribute to the well-being of older Malaysians. Since its establishment, the institute has organized and participated in various meetings, training, courses, seminars and conferences on ageing and gerontology. In addition, it also actively promotes lifelong learning for older Malaysian by introducing Lifelong Learning Initiative for the Elderly (LLIFE) in 2007. The LLIFE programme has lead to the establishment of a University of the Third Age (U3A) Malaysia in 2008. The U3A is a programme providing affordable learning opportunities for older people in a friendly, supportive and social environment.

2.16 ICPD issues regarding ageing and/or the needs of older persons (60+ years) in the national context during the last five (5) years.

i. Enabling older persons to live independently as long as possible

The development of The National Policy for the Elderly was aimed at enabling the older people to live independently and with respect and dignity through self-reliance, and continuous participation in society. Budget was allocated for the NGOs and relevant agencies to implement the activities as stated in the action plan, and the Department of Social Welfare is responsible to monitor and report the progress of the policy and programme implementation to the National Advisory and Consultative Council for the Elderly. The implementation of the policy and programme are considered slightly behind the schedule and more direct funding and efforts are required in order to up-scale the programme.

ii. Providing social services including long-term care

Various social services including long-term care for those elderly who are in need are provided by the Department of Social Welfare (DoSW) under Ministry of Women, Family and Community Development. These services include the following:

- **Home Help Services** – to provide services to elderly who are homeless, who live alone or those who need help although they are living with their families. The programme is implemented by DoSW together with the NGOs such as *Majlis Pusat Kebajikan Semenanjung Malaysia (MPKSM)*, *Persatuan Kebajikan USIAMAS*, *Persatuan Gerontologi Malaysia (GeM)*. Volunteers from the NGOs are trained do home visits and assist the elderly in their daily chores such as cleaning the house, paying bills, accessing health care services and accompanying the elderly for shopping.
- **Shelter and care services** – A number of homes are available to provide shelter, care and rehabilitation services to older persons
- **Senior Citizen Activity Centre** – 22 day care and activity centres for elderly are available throughout Malaysia. Day care services and other activities including recreational, sports,

healthcare, rehabilitation and religious are provided. Training courses are also organized from time to time.

- **Senior Citizen Care Unit** – to provide transportation to senior citizens who seek treatment or medical examination at the hospital or clinic.

Most of these services are still in its infancy stages and up-scaling efforts are needed especially for the home help initiative at district level.

iii. Enabling older persons to make full use of their skills and abilities

The National Policy for the Elderly and the plan of action has stated that older persons are encouraged to continue to contribute to the development of the country. However, currently there is no specific programme for old age employment.

iv. Extending or improving old age allowances / pensions and/or other income support schemes for older persons, including non-contributory pensions

The Department of Social Welfare Department has a financial assistance scheme, called Aid for Older Persons (BOT); with a monthly allowance of RM 300.00 per person for the poor older persons especially those without next of Kin. For the government employees, they are entitled to Pension Scheme, a non-contributory scheme, with a fixed monthly income, service gratuity payment and they will also enjoy benefits such as free medical treatment at Government hospitals. In 2010, there were 120,496 recipients of monthly aid (RM300) totaling RM422.5 million in 2010 [5% of the 60+ population]; 528,060 pensioners and pension recipients totaling RM11.5 billion⁶⁰.

⁶⁰ Tengku Aizan, H and Chai, S. T. (2012). *Meeting the Needs of Older Malaysians: Expansion, Diversification and Multi-sector Collaboration*. Paper is being review for publication. Institute Gerontology, UPM.

v. Providing affordable, appropriate and accessible health care to meet the needs of older persons

The health care for the elderly was introduced by the Ministry of Health according to the National Health Policy for Older Person. Free healthcare for the elderly services (No charges for consultations and medications) are integrated at the primary, secondary and tertiary levels. A total of 77.3% of health clinics in 2010 provide the elderly with health care services, compared to 41.6% in 2000 and over 22,015 MOH staff have been trained in post-basic geriatric care⁶¹. Provisions are made to facilitate elderly friendly services e.g. elderly friendly structures, priority in waiting lines, free treatment for pensioners and affordable hospital fees for the elderly who are poor. With regards to the geriatric services, currently there are 10 public hospitals with geriatric wards. However, incremental development of the geriatric services with priority given to states with a high proportion of elderly people is planned.

vi. Addressing neglect, abuse and violence against older persons

One of the strategies stated in the National Policy for the Elderly is to enable older persons to live with respect and self-worth, safe and free from exploitation and abuse.

Toll Free Talian Nur (15999) operated by the Ministry of Women, Family & Community Development is a 24 hours general hotline link to enable early intervention for victims of domestic violence, child abuse, and natural disasters. Records showed that 408 calls of neglect and abuse of older persons were received between 5 December 2007 and 31 August 2009. Amendment were made to the Domestic Violence Act 2012 to incorporate psychological abuse.

⁶¹ Mohmad S (2012, February). *Perkhidmatan kesihatan warga emas: Aktiviti, pencapaian dan morbiditi*. Paper presented at the Mesyuarat Jawatankuasa Teknikal Kesihatan Warga Emas (Bil. 1/2012, 24-02-2012), KKM: Putrajaya.

vii. Preventing discrimination against older persons, especially widows

The Department of Social Welfare is one of the enforcement authorities of the Domestic Violence Act 1994. It is an act to provide for legal protection in situations of domestic violence and matters incidental thereto. Older persons also benefit from this act since they can be victims of domestic violence.

viii. Promoting employment opportunities for older workers

There has not been many formal attempts made in this area. However it is not uncommon for Malaysians who have retired from both the public as well as the private sector to find employment on their own. There are many jobs available and it is a matter of finding one that suits the needs of the retired individual. The Employment (Part-Time Employees) Regulations 2010 was introduced to enable older persons, people with disability, and women to work as part-time according to the terms and conditions of the contract of the employment under the labour law.

ix. Providing support to families caring for older persons

Through the Home Help Services and Senior Citizen Activity Centre by Department of Social Welfare, care and supports are provided to the families and older persons. Training also is provided to the caregiver of the elderly by the National Council of Welfare and Social Development Malaysia. Currently there are only 22 activity centres available throughout the country and each centre is able to accommodate 30 people per day. Training for caregivers is also limited and there is little financial assistance for full-time family caregivers. Budget 2011 provided tax relief of RM5000 for expenses to care for aged parents. The Public Service Department, Service Circular No 21, 2009 was issued to provide free medical care for parents of Government employees.

x. Collecting age and sex-disaggregated data on the socio-economic status and living conditions of older persons

The age and sex- disaggregated data on the socio-economic status and living conditions of older persons is collected at 10 year intervals through the housing census survey. In addition, information on socio-economic status and family well-being among the elderly are also available at the Malaysian Population and Family Survey that is conducted by the National Population and Family Development Board in every 10 years. On the other hand, the Institute of Gerontology under University Putra Malaysia has carried out various national studies related to the ageing issues including the situation of older persons in Malaysia. Despite the fact that information related to elderly is available, more coordination efforts and sharing of information are required in order to have a better plan for policy and programmes for elderly.

xi. Instituting concrete procedures and mechanisms for older persons to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives

Senior citizen or the elderly population is represented in the National Advisory and Consultative Council for the Elderly. They are involved in the formulation of the National Policy for the Elderly and the plan of action and they also play a role in monitoring its implementation. In addition, they are also represented in the senior citizen groups or NGOs which involved in or implement the programmes related to elderly, such as *Majlis Pusat Kebajikan Semenanjung Malaysia (MPKSM)*, *Persatuan Kebajikan USIAMAS* and National Council of Senior Citizens Malaysia (NACSCOM).

2.17 Achievements in addressing issues related to ageing and/or the needs of older persons (60+ years)

1. Highly accessible and affordable public health care system

The most successful achievement in addressing issues related to ageing and/or the needs of older persons (60+ years) is “Enabling older persons to live independently as long as possible”. The highly accessible and affordable public health care system, together with broad achievements in economic growth, urban housing, basic utilities and sanitation, have led to better health and increasing longevity of the population. Review of the NPE and its Plan of Action found that most of the older persons continue to remain living in the community and are supported by their spouse and adult children. The government instituted a family first approach, and considered the welfare of older persons as primarily a filial responsibility matter. Surveys among older persons and older adults found that major concerns were economic and finance-related, followed by health and medical care needs. In the 2012 Budget older person will not be required to pay to see a Government doctor or specialist effective January 2013. . No outpatient registration fee of RM 1 at all government hospitals and clinics including 1Malaysia Clinics and government’s dental clinic starting 1 January 2013. There will be a 50% reduction in charges for patients admitted to third-class wards in government hospitals, with the maximum charge capped at RM250 for each admission

The issue is addressed successfully mainly due to the effective partnership with stakeholders at national level, involvement of civil society and community based organizations at local level not forgetting the support provided by the government to different organizations (e.g. funding, logistic, coordinating mechanisms, etc.). On the other hand, low degree of commitment from politicians, low women status/woman's empowerment and prevailing local customs/social practices are identified as the barriers.

2. Home Help Services

Options for long term care are emerging as the private sectors are involved in development of retirement villages. PEMANDU's Economic Transformation Programme: K.A.S.I.H. (Kasih Atas Sumbangan Ikhlas dan Hemat) Project is an effort by Love On Wheels Healthcare Services Sdn Bhd (LOWHS) aimed at providing a fully integrated mobile healthcare service to 2.5 million senior citizens above the age of 60, including 600,000 pensioners in the country.

2.18 Most relevant issues regarding ageing and/or the needs of older persons (60+ years) that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

i. Participation in social, economic and cultural activities

Despite the National Policy for the Elderly and the plan of action aimed at helping the elderly to remain involved in social, economic and cultural activities, the channel of participation and the facilities for elderly to participate in such activities are limited. Programmes to retrain the elderly and to realize the principles of independence, participation and self-fulfillment are rare and most of these programmes are available in urban area especially the Klang Valley. The employment opportunities for elderly are almost dismal in view of the fact that Malaysia has a young population and the fear of re-employment older population may trade-off or threaten the opportunity of youth employment. For those elderly who wish to participate in social activities, transportation is a barrier as the public transport facilities are inconvenient and unfriendly to the older persons.

ii. Income security in old age

Although the pension age for Malaysian has revised to 58 years old in 2008 and increased to 60 years old in 2012, it is still considered early when compared with most of the European countries, US and Canada, who retire at 65 years old⁶². Furthermore, the life expectancy for

⁶² Organization for Economic Co-operation and Development (OECD) and World Bank. (2009). *Special Edition: Pensions at a Glance - Asia/Pacific*.

Malaysian is also increasing, up to 71.7 years for men while for women it is 76.6 years in 2010⁶³. The increasing life expectancy, the country's rapid economic development and the changing structure of family relationships pose a number of challenges, especially in terms of financial sustainability, adequacy of retirement incomes, healthcare financing, care and support and social security for the elderly population⁶⁴. However, most elderly Malaysians, especially those in the lower income group, fall into poverty as their EPF (Employees Provident Fund) savings are insufficient to last their lifetime. On the other hand, the pension for government employees which is wholly borne by the Federal Government through annual allocation from the Federal Budget may also become a burden for the government in the future in view of the increase in the number government employees and the increase of life expectancy. Steps have to be taken by government and individuals and alternative source of income for the aged, such as savings, personal life insurance and unit trust funds must be explored as sources of protection available to the elderly.

iii. Formal and informal care for older persons including intergenerational relationships and exchange of support

The care programmes and support for older persons in Malaysia are mainly provided and monitored by Social Welfare Department, which included Financial Aid for Older Persons (BOT), day care centres, homes and grants for NGOs to run the homes for older persons. However, these programmes are mainly targeting the poor older persons, especially those without next of Kin. There is no programme to address the needs of family and the elderly in terms of informal care needed and provided for the older persons including their relationships with the family. The Malaysian Population and Family Survey revealed that one out of three older people are not financially supported by their children and some of them are also deprived of proper care. In view of the fact that the family remains the main caregiver for elderly and to ensure

⁶³ Department of Statistics. (2010). *Demographic Indicator, Malaysia*.

http://www.statistics.gov.my/portal/download_Population/files/BPD/ind_2010.pdf

⁶⁴ The Social Welfare Department, Malaysia (2007). *Social Welfare Policies And Services For The Elderly: A Country Report (Malaysia)*. Presented on the 5th ASEAN & Japan High Level Officials Meeting on Caring Societies, 27 – 30 August, 2007, Tokyo, Japan.

continuous family support and to enable the family to discharge their duties more effectively, more support from the government and community are needed to strengthen family care.

iv. Healthcare for older persons

Estimates of the number of older Malaysians who need specialized care and the number of physicians who will need to be trained to provide that care foretell a serious disparity despite the healthcare services for elderly have been integrated in the primary healthcare system. Currently, there are limited geriatricians, trained health care personnel and hospital with geriatric services in Malaysia even though the country is slowly ageing. Rehabilitation from the acute illness to help return the older patient to the level of pre-morbid function is also lacking in Malaysian hospitals. Furthermore, most of the sickness among elderly is always perceived as a normal part of aging instead of a specific medical condition that needs to be treated. Therefore, the early identification of the sickness is rare and delays the treatment and medication. In view of lack of awareness, limited resources and healthcare services, the policy makers need to reassess and improve the current healthcare system in order to provide healthcare services and supports that can improve the quality of life of the elderly and the caregivers.

2.19 Assessment/situation analysis on ageing and/or the needs of older persons (60+ years) at the national and/or subnational level in the last five (5) years

- i. National Population and Family Development Board. (2009). *Malaysian Population and Family Survey*.
- ii. UPM Consultancy and Services (2010). *Review of the National Policy for Older Persons and Plan of Action, Final Report*. Serdang, Universiti Putra Malaysia.
- iii. Institute of Gerontology (2010). *Determinants of Wellness among Older Malaysians: A Health Promotion Perspective, Final Report*. Putrajaya: Ministry of Health.
- iv. Centre for Technology Transfer and Consultancy (2005). *Ageing in Sarawak: Impact, needs and emerging issues: Final report*. Kota Samarahan: Universiti Malaysia Sarawak.

- v. Pala, J. (2005). *Population ageing trends in Malaysia. Monograph series population census 2000 No. 1*. Putrajaya: Department of Statistics Malaysia
- vi. Tengku Aizan, H. & Nurizan, Y. (2008). *National policy for the elderly in Malaysia: Achievements and challenges*. In Lee, H. G. (ed.) *Ageing in Southeast and East Asia: Family, social protection & policy challenges* (Pp. 108-133). Singapore: Institute of Southeast Asian Studies.
- vii. Tengku Aizan H, Husna S & Siti Farra ZA (eds.) (2012). *Profile of Older Malaysians*. Serdang, Institute of Gerontology, UPM.

2.20 Three (3) civil society organizations (CSOs) whom the government has partnered with in the area of ageing and/or the needs of older persons (60+ years) over the past five (5) years.

i. National Council of Senior Citizens' Organizations, Malaysia (NACSCOM)

The NACSCOM is a non-government organization established in 1990 to advocate for the development of policies, programmes, projects and services to improve the quality of life and well-being of the elderly in Malaysia. The organization comprises of 44 senior citizen associations with a total of about 18,000 members. NACSCOM is an appointed member of the National Advisory and Consultative Council on Ageing and has been actively participating in a lot of advocacy activities including the development of National Policy for the Elderly and the plan of action. In addition, the organization has also set up 2 old people's homes, 14 lifelong learning centres in the partnership with IBM to promote computer learning among elderly and 4 day care centres.

ii. Gerontological Association of Malaysia

Gerontological Association of Malaysia was established in 1992 with the aimed of advocating for policies and services related to elderly.

iii. Institute of Gerontology, University Putra Malaysia

The Institute of Gerontology, UPM was established on April 1, 2002 as a research institute to conduct research, training and professional services related to ageing, gerontology and geriatrics.

2.21 Three (3) private sector partners whom the government has partnered with in the area of ageing and/or the needs of older persons (60+ years) over the past five (5) years.

There is no report of work with the private sector.

2.22 International cooperation via the provision or receipt of financial and/or technical assistance in the area of ageing and/or the needs of older persons (60+ years) over the past five (5) years.

Ministry of Women, Family and Community Development through Department of Social Welfare had engaged with HelpAge Korea, South Korea. HelpAge Korea provided financial and training assistance to conduct Home Help Services.

Conclusion and Recommendations

1. The number of aging people in Malaysia will continue to increase and the rapid transition of age structure towards aging population of Malaysia would make it impossible for the government to ignore the impact of social and economic changes brought about by population ageing. It is of utmost importance that the country moves at a faster pace in developing and implementing the policies and programmes to cater for this need.
2. Minimum Retirement Age Act 2012 was passed by Parliament in Jun/July session. Minimum retirement age of 60 for private sector workers (as retirement age for public sector workers) will be gazetted on 1 January 2013 and come into effect on 1 July 2013. There is therefore a need to ensure that the private sector who up to now has been rather reluctant to extend the age of retirement abide by this law.

3. At the present time there is no programme which tries to match retired people, with their vast experience with small industries who may need their help. Such a programme will be useful to build the self esteem of the older people and at the same time help ailing businesses to do better.
4. With life expectancy reaching more than 75, a retired person in fact lives a third of his/her life in retirement. With no social security in place except for those who served in the public sector, it is not unusual for many to use up all their savings in a short time. The Government has promoted many insurance schemes but more needs to be done to ensure that every person subscribes to some form of old age security. This is even more pertinent for women who do not work in paid jobs but instead choose to be a housewife to take care of their families.
5. Declining fertility has also resulted in fewer children to support parents in their old age. Family values like those pertaining to care for the aged must be promoted so that children will not abandon their parents in their time of need.
6. Malaysia is already facing the problem of care for the older people. This has prompted the setting up of many homes to take care of the aged. These homes need to be monitored to ensure that the care provided is not substandard.

SECTION 2: POPULATION GROWTH AND STRUCTURE - ADDRESSING THE NEEDS OF PERSONS WITH DISABILITIES

Basis for action

Persons with disabilities constitute a significant proportion of the population. The implementation of the World Programme of Action concerning Disabled Persons (1983-1992) contributed towards increased awareness and expanded knowledge of disability issues, increased the role played by persons with disabilities and by concerned organizations, and contributed towards the improvement and expansion of disability legislation. However, there remains a pressing need for continued action to promote effective measures for the prevention of disability, for rehabilitation and for the realization of the goals of full participation and equality for persons with disabilities. In its resolution 47/88 of 16 December 1992, the General Assembly encouraged the consideration by, inter alia, the International Conference on Population and Development, of disability issues relevant to the subject-matter of the Conference.

Objectives

The objectives are:

- (a) To ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life;
- (b) To create, improve and develop necessary conditions that will ensure equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development;
- (c) To ensure the dignity and promote the self-reliance of persons with disabilities.

Report

Introduction

The People with Disabilities (PWDs) Act of 2008 define PWDs as “Individuals with physical, mental, intellectual or sensory impairments which in interactions with various barriers may hinder their full and effective participation in society”. World Health Organization (WHO) estimates that on the average about 10% of the people in a country have disabilities. This works out to be 280,000 for Malaysia. However in a country like Malaysia where cultural beliefs place blame on families for the birth of children with disabilities, the tendency to keep them away from the public eye and this has made it harder for the department of Welfare Services to register them. Nonetheless as of table 1 shows that 305,640 people with disabilities were registered as of 2010. The country is well aware that there is gross under registration especially in the rural areas but it would be fair to say that with education, attitudes are changing and ignorance may be the main reason for non registration.

Table 1: Number of Registered PWDs According To Disabilities (2010)

No.	Types of disability	Numbers
1	Visual	27,363
2	Hearing	39,303
3	Speech	108
4	Physical	106,252
5	Learning	117,699
6	Mental	2,130
7	Multiple	12,713
	Total	305,640

The *Sistem Pengurusan Matlumat Orang Kurang Upaya (SMOKU)* was introduced in 2110 under its first phase and 2012 it entered its 2nd phase. It is expected to get better feed back as PWDs and families now know that they will be able to access various incentives only if they are registered under this system and as of August 2011 online registration has been made possible.

2.23/2.24 National policy, programme and/or strategy addressing the needs of persons with disabilities that is/are currently being drafted or implemented.

The Ministry of Family, Women and Community Development is entrusted with the care of people with disabilities and this function is mainly carried out by the Department of Social Welfare. However work with PWDs is the responsibility of:

- a. Department for the Development of Persons with Disabilities which was established in 2008
- b. National Council For Persons with Disabilities
- c. Ministry of Health (address the health needs) and the
- d. Ministry of Human Resources (address the employment of PWDs)

However due recognition must be give to the numerous non government welfare organizations spread throughout the country, 52 of which are affiliated under the National Council of Welfare Organizations or *Majlis Kebajikan dan Pembangunan Masyarakat Kebangsaan Malaysia* (MAKPEM)

National Policies

Malaysia's national policies for protecting PWDs are founded on the Biwako Millennium Framework for action (2003 – 2012) and the convention on the Rights of People with Disabilities ratified on 19th July 2010. The national policies include the following:

- National Policy for PWDs (2007)
- National Plan of Action for PWDs (2018 – 2012)
- People With Disabilities Act (2008)
- Health Care for PWD Plan of Action 2011 – 2020
- “PDK Ku Sihat” Programme for Community Based Rehabilitation Centre 2012 (a joint project with the Ministry of Health which ensures that all community base rehabilitation programmes are visited by health personnel regularly)

2.25/2.26 Institutional entities to address issues regarding the needs persons with disabilities

The highest level committee entrusted with protecting PWDs in the “National Council Persons with Disabilities” which is chaired by the Minister for Family, Women and Community Development. Other members of this council include:

- Representatives from 9 relevant Ministries
- Ten individual including seven PWDs

The Council oversee, coordinate, monitor and evaluate and review the implementation of the Policy and Plan of Action for PWD. These would include:

- Develop programmes and strategies to raise the awareness, promote positive perception and foster respect for the rights and dignity of PWDs.
- Promote employment opportunities and career advancement for PWDs.
- Review existing laws, makes recommendations for amendments and propose new laws to secure fully and effective participation in society for persons with disabilities.

The Council has set up the following committees to assist them in making decisions:

- Committee on Health and Quality Life Care
- Committee on Employment
- Committee on Education
- Committee on Registration of PWDs
- Committee on Access to Built Environment and Universal Design
- Committee on Transport

2.27 Addressing ICPD Issues Regarding The Needs Of Persons With Disabilities In The National Context During The Last Five (5) Years.

A. Ensuring a general education system where children are not excluded on the basis of disability

In order to ensure that children with disabilities are not excluded on the basis of disability, The Education Act of 1996 (Part 11, 3.2) was passed. This act is based on the fact that that all children with special needs are educable if they are able to manage themselves without help and are confirmed by officials as capable of undergoing the national educational program⁶⁵. The Act was amended in 2002, making it compulsory for children with disabilities to have at least six years of primary education. Early intervention programmes for children five and above with hearing, visual and learning disabilities were also started by the Ministry of Education. In general these children are referred by doctors of the Ministry of Health who would have seen these children first in the maternal and child health clinics.

The National Education Policy (2012) has stipulated to;

- Ensure students with special needs are given the opportunity to access suitable and relevant education to them;
- Ensure that special needs programmes are suitable and relevant according to the students' abilities so that they are able to be independent and obtain quality living experience; and
- Ensure students with special needs have the potential to be placed in mainstream classes (inclusive) as aspired by the principles of 'educational is for all'.

⁶⁵ Ng L.M., Yen Abdullah & See C.M. (2011) "Employment of People with Disabilities in Malaysia: Drivers and Inhibitors". *International Journal of Special Education*. Vol. 26 No 1

i. Individualized Education Plan

UNICEF in Malaysia initiated this web-based Individual Education Plan (IEP) for children with special needs and piloted in 62 schools (benefitting 20,000 students) in 2010 and will be scaled up in 2013. Under this programme each child can learn at his/her own pace according to his/her skill base and individual capacities. In 2010, 160 teachers and teacher trainers were trained in IEP.

ii. Community-Based Rehabilitation (CBR)

The severely disabled children who are not suitable for placement in schools are taken care of by the Ministry of Women, Family, and Community Development (MWFCD) through their Community-Based Rehabilitation (CBR) which provides special education. A CBR programme is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services. This need for CBRs have lead to the setting up of 428 such centres spread throughout the country serving 18,932 PWDs⁶⁶.

B. Creating employment opportunities for persons living with disabilities

i. Capacity Building

Capacity building of PWDs is a very important aspect of the development of programme for PWDs. In line with this the Bangi Industrial and Rehabilitation Centre offers specially tailored programmes in the following areas to prepare and help adjust PWDs to work in the following areas.

- Information technology
- Computer
- Electronic

⁶⁶ Department of Social Welfare. *Director General's brief at the BGM of the Asia Pacific Regional Council of Cheshire home, OCT, 2010.*

- Dress making
- Production of prosthetic and orthotic appliances wheelchair manufacturing.

ii. Employment of PWDs

Service circular 3/208 is a policy circular on 1% employment of PWDs in the public sector. This programme is monitored and supported by the Department of Social Welfare who register and refer relevant PWD to the agencies. In addition they advise and monitor the progress of the PWDs working the public sector.

Employment of PWDs in the private sector is facilitated by the Ministry of Human Resources who register and place the PWDs in the relevant private sector. A code of practice for the employment of PWDs in the private sector has been developed and Incentives given to the private sector employer include double taxation relief as well as tax incentive for providing assistive devices and renovation of the work place.

The following incentives are made available to PWDs to encourage them to work.

- Monthly allowance of RM300/- per month for those who are 16 years and above and earning less than RM1,200 per month
- Business grant up to RM2,700 to enable PWDs to start a business

iii. Job Coach Services

This joint initiative of the Department of Social Services and Japan International Cooperation Agency (JICA) uses a new approach in the development of PWDs. The project combines several elements; people with special needs, independent living, job coach and Disability Equality Training (DET). Originally JICA funded the project from 2005 to 2008 and then extended it further into the second phase (2009 to 2012) to include social participation and inclusion in the community, as well as empowerment of persons with disabilities. Job coach is basically a “one to one” job matching as well as job training programme to assist PWDs who are employed to

adjust to their jobs as well as the work environment so they can feel comfortable and are productive.

C. Ensuring that persons with disabilities have the same rights and access to sexual and reproductive health care, including family planning information and services and HIV prevention services.

Sexual and reproductive health services provided by the Ministry of Health is free of charge and are also available to PWDs. In addition to this the “PDK Ku Sihat” Programme for Community Based Rehabilitation Centre 2012 (a joint project with the Ministry of Health) ensures that all community base rehabilitation centres are visited by health personnel regularly bringing the appropriate services to the PWDs in need.

NPFDB uses mobile clinics (*Pusat Keluarga Bergerak LPPKN 1Malaysia*) to reach persons with disabilities (PWDs). Working together with the department of Social Welfare, the “*Nur@Rumah*” as it is called provides SRH information and services such as family counseling, family planning, breast examination, Pap smear, blood pressure, blood tests, subsidized mammograms programmes and HIV prevention information to PWDs and low income families who are recipients of financial assistance from the Department of Social Welfare and through home visits.

In addition UNICEF assisted in the initiation of a National Plan of Action on sexual and reproductive health for children and adolescent with disabilities. This included the drafting of the Live Life Stay Safe training modules, support for training equipment. The pilot programme included training for some 30 professionals the Ministry of Health, Ministry of Education and the Department of Social Welfare to provide care to children and adolescents with special needs.

D. Developing infrastructure to ensure that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communications, and to other facilities and services open or provided to the public.

In this area many initiatives were implemented in the last five years to benefit the PWDs. They include the introduction of:

- A Manual for Universal Design Access Audit Facilitator (2011)
- Universal Design Planning Guideline 2011
- Guideline on Universal Design of Buses for Bus Operators
- General Circular No. 1 Year 2006 was issued by the Chief Secretary General asking that all government agencies' portal / website be equipped with World Wide Consortium (W3C) Disability Accessibility

The following programmes were also carried out:

- Improving and enhancing usability of rail services for PWDs
- Improving and enhancing accessibility of public busses – purchased 400 buses equipped with universal facilities
- Door-to-door transportation services for PWDs
- Sign language interpreter during prime news (national television)
- Provision of subtitle in most of TV programmes

However the results of these initiatives are yet to make an impact considering the fact that these initiatives were rather recent.

E. Strengthening and extend comprehensive habilitation and rehabilitation services and programmes for persons with disabilities

The Community Based Rehabilitation programme has made it possible for more PWDs from urban as well as rural areas to have access to comprehensive habilitation and rehabilitation services. Furthermore the introduction of the “PDK Ku Sihat” programme with the Ministry of

Health makes health services more accessible. The “job coach” programme is also available at CBR centres.

F. Instituting concrete procedures and mechanisms for persons with disabilities to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives

The “National Council for Persons with Disabilities” is chaired by the Minister for Family, Women and Community Development and membership of the council includes seven members who are PWDs themselves. It is also standard procedure to include PWDs in the planning and implementation of programmes for PWD.

In 2009 the government conducted an “Access Audit Study” on public spaces for the disabled in 2009. The results were far from satisfactory but subsequent to that all local authority (*Pihak Berkuasa Tempatan* or PBTs) were required to appoint a representative of the disabled to sit on the committee responsible for planning and development in the respective PBTs.

G. Guaranteeing to persons with disabilities equal and effective legal protection against discrimination on all grounds.

There are ongoing training programmes in the following areas to empower PWDs:

- Disability Equality Training
- Peer group counselors
- Independent Living
- Self-Advocacy

H. Promoting equality by taking all appropriate steps to ensure that reasonable accommodation is provided in all aspects of economic, social, political and cultural life.

Although no special mention is made of promoting equality by taking all appropriate steps to ensure that reasonable accommodation is provided in all aspects of economic, social, political and cultural life, it is evident from the policies and programmes that it is with equality in economic

social and cultural life that they are conceived. There is no concessions made with regards to representation in political life but we are aware that there is nothing to prevent people with disability to be involved in politics and in fact one Member of Parliament is wheelchair bound.

I. Providing support to families caring for persons with disabilities

- Special aid for carer to the bedridden PWDs or chronically ill (RM300/month);
- The following income tax exemption is provided for:
 - RM 5,000 for having child with disabilities
 - RM 4,000 for PWD child attending institution of higher education
 - RM 5,000 for purchasing special equipment for PWD
 - RM 6,000 for PWD and RM3500 for PWD couples
- Establishment of parents support groups

J. Collecting data on the civil, political and socio-economic status of persons with disabilities disaggregated on the basis of sex, age, place of residence, ethnic, social origin or any other status.

Except for the on-going exercise of registering PWDs in the country no national data collection programme has been initiated to collect data on the above mentioned areas.

2.28. Achievements in addressing issues related to the needs of persons with disabilities.

1. Audit Access Study on Public Space for PWDs in Malaysia (2010) – the report was facilitated by Kulliyah of Architecture and Environmental Design (KAED Universal Design Unit, International Islamic University Malaysia)
2. Increase in the number of Registered PWDs, the expansion of the CBR and the introduction of the “PDK Ku Sihat” programme with the assistance of the Ministry of Health.

2.29 The most relevant issues regarding the needs of persons with disabilities that are anticipated to receive further public policy priority for the next five (5) to ten years (10)? Cite up to five (5) issues.

1. Accessibility of PWDs to the public building and built environment
2. Employment opportunities of PWDs
3. Early intervention and detection of disabilities
4. Comprehensive statistics and data collection on PWDs
5. Public awareness and self advocacy programme

2.30 Assessment/situation analysis on persons with disabilities at the national and/or subnational level in the last five (5) years? IF YES, cite the report(s).

There has been no such report.

2.31. Three (3) civil society organizations (CSOs) whom the government has partnered with in the area of persons with disabilities over the past five (5) years.

No.	Name CSO partner	Name of the Government unit which partnered with the private sector	Activities conducted
1.	<i>National Council of Welfare Organizations, Malaysia (Majlis Kebajikan dan Pembangunan Masyarakat Kebangsaan Malaysia or MAKPEM)</i>	Department of Social Welfare	Training of staff for CBR and Welfare Assistants for the Dept. of Social Welfare
2.	Barrier-Free Environment and Accessible Transport Group (BEAT)	Department of Social Welfare	<ol style="list-style-type: none"> 1. Research and Data collection 2. Awareness Raising and social mobilization 3. Monitoring and legal counsel 4. Advocacy
3.	Disability Equality Training Forum Malaysia	Department of Social Welfare	DET training and advocacy

2.32. Three (3) private sector partners whom the government has partnered with in the area of persons with disabilities over the past five (5) years.

Name private sector partner	Name of the Government unit which partnered with the private sector	Activities conducted
1. GCH Retail	Department of Social Welfare	Employment opportunities through Job Coach
2. KFC Holdings	Department of Social Welfare	Employment opportunities through Job Coach
3. Procter and Gamble	Department of Social Welfare	Employment opportunities through Job Coach

2.33. Three (3) examples where the government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area(s) of persons with disabilities over the past five (5) years.

Name of country and government unit providing international cooperation	Government unit receiving international cooperation	Type of international cooperation	Activities conducted
1. Japan / Japan International Cooperation Agency (JICA)	Department of Social Welfare	Financial & Technical	Training of Trainers in Job Coach and DET
2. United Nations / United Nations Development Programme (UNDP)	Department of Social Welfare	Financial & Technical	<ul style="list-style-type: none"> ▪ Studies on Transportation for people with disabilities ▪ Increase participation of people with disabilities in the workplace.
3. World Health Organization (WHO)	Department of Social Welfare	Financial and Technical	Develop a training module on sexual and reproductive health for adolescents and young people with disabilities
4. UNICEF	EPRD, MOE	Financial	Developing the IEP Portal for students with special needs

Conclusions and Recommendations

1. The Department of Social Welfare, Ministry of Women, Family and Community Development have spearheaded policies as well as programmes to meet the needs of people with disabilities. Together with the numerous NGO affiliates both in urban areas as well in rural settings they have to some extent relieve families as well as communities. By doing this they also reduce the need for institutional homes to place people with disabilities. They have also been able to advocate for tax relief for families and supplement salaries of people with disabilities encouraging many to seek employment. The next step would be to monitor the programmes of the NGOs to ensure that they are meet the guidelines stipulated for the setting up of such CBR.
2. Not all schools in the country have classes for children with disabilities and this means that parents with children with disabilities have to send their children to schools which may be far away. There is a therefore need to work with the Ministry of Education to have more schools with special classes so that parents who are already burdened with children with disabilities will not be burdened further by the lack of absence of schools with special classes in their area.
3. Campaigns like those undertaken by BEATS have to be stepped up. Although local councils are aware of the needs of PWDs, more efforts and support (especially financial and technical) are needed by the local councils to make sure that town plans and designs are barrier free to PWDs, following international standards. PWDs are also needed to be involved in town plans designing and monitoring process.
4. The Reproductive Health training modules for young people with disabilities has been developed and the next stage would be to ensure that they are implemented. Perhaps it would be necessary to link up with other RH NGOs to ensure that the reproductive health of young people with disabilities is not neglected.

SECTION 2: POPULATION GROWTH AND STRUCTURE - ADDRESSING THE NEEDS OF INDIGENOUS PEOPLE

Basis for action

Indigenous people have a distinct and important perspective on population and development relationships, frequently quite different from those of the populations with which they interrelate within national boundaries. In some regions of the world, indigenous people, after long periods of population loss, are experiencing steady and in some places rapid population growth resulting from declining mortality, although morbidity and mortality are generally still much higher than for other sections of the national population. In other regions, however, they are still experiencing a steady population decline as a result of contact with external diseases, loss of land and resources, ecological destruction, displacement, resettlement and disruption of their families, communities and social systems.

The situation of many indigenous groups is often characterized by discrimination and oppression, which are sometimes even institutionalized in national laws and structures of governance. In many cases, unsustainable patterns of production and consumption in the society at large are a key factor in the ongoing destruction of the ecological stability of their lands, as well as in an ongoing exertion of pressure to displace them from those lands. Indigenous people believe that recognition of their rights to their ancestral lands is inextricably linked to sustainable development. Indigenous people call for increased respect for indigenous culture, spirituality, lifestyles and sustainable development models, including traditional systems of land tenure, gender relations, use of resources and knowledge and practice of family planning. At national, regional and international levels, the perspectives of indigenous people have gained increasing recognition, as reflected, inter alia, in the presence of the Working Group on Indigenous Populations at the United Nations Conference on Environment and Development, and the proclamation by the General Assembly of the year 1993 as the International Year of the World's Indigenous People.

The decision of the international community to proclaim an International Decade of the World's Indigenous People, to commence on 10 December 1994, represents a further important step towards fulfillment of the aspirations of indigenous people. The goal of the Decade, which is the strengthening of international cooperation for the solution of problems faced by indigenous people in such areas as human rights, the environment, development, education and health, is acknowledged as directly related to the purpose of the International Conference on Population and Development and the present Programme of Action. Accordingly, the distinct perspectives of indigenous people are incorporated throughout the present Programme of Action within the context of its specific chapters.

Objectives

The objectives are:

- (a) To incorporate the perspectives and needs of indigenous communities into the design, implementation, monitoring and evaluation of the population, development and environment programmes that affect them;
- (b) To ensure that indigenous people receive population- and development- related services that they deem socially, culturally and ecologically appropriate;
- (c) To address social and economic factors that act to disadvantage indigenous people.

Actions

Governments and other important institutions in society should recognize the distinct perspective of indigenous people on aspects of population and development and, in consultation with indigenous people and in collaboration with concerned non-governmental and intergovernmental organizations, should address their specific needs, including needs for primary health care and reproductive health services. All human rights violations and discrimination, especially all forms of coercion, must be eliminated.

Within the context of the activities of the International Decade of the World's Indigenous People, the United Nations should, in full cooperation and collaboration with indigenous people

and their relevant organizations, develop an enhanced understanding of indigenous people and compile data on their demographic characteristics, both current and historical, as a means of improving the understanding of the population status of indigenous people. Special efforts are necessary to integrate statistics pertaining to indigenous populations into the national data-collection system.

Governments should respect the cultures of indigenous people and enable them to have tenure and manage their lands, protect and restore the natural resources and ecosystems on which indigenous communities depend for their survival and well-being and, in consultation with indigenous people, take this into account in the formulation of national population and development policies.

Report

Introduction

“Orang Asli”, meaning “original people”, “natural people” or “aboriginal people” in Malay, refers to the indigenous peoples of Peninsular Malaysia. The Orang Asli, together with the Malays and natives of Sabah and Sarawak, form the category of Malaysians known as bumiputera (‘sons of the soil’) who make up more than two thirds of the population in Malaysia. This report will focus on addressing the needs of indigenous peoples in Peninsular Malaysia.

The Indigenous *“Orang Asli”* population in Peninsular Malaysia is recorded as 132,468 in 2000⁶⁷. Most of the population is concentrated in the states of Pahang and Perak and Kelantan with a sprinkling in Selangor, Negeri Sembilan and Johor. Although they mainly reside in rural areas, urban residents have increased from 4% in 1970 to 14.3% in 2000⁶⁸. The *Orang Asli* is generally

⁶⁷ NPFDB. (2012). *Second Population Strategic Plan Study, Main Report*.

⁶⁸ Department of Statistics, Malaysia (2011). *The 2010 Population and Housing Census of Malaysia*.

classified into three ethnic groups each comprising a few dialectic groups. In 2001, it was estimated that 54.1% were Senois, 42.7% Proto Malays and 3.2% Negritos.

2.34/2.35 National policy, programme and/or strategy addressing the needs of indigenous peoples that is/are currently being drafted or implemented

i. Policy

a. Aboriginal Peoples Act 1954 (revised 1974)⁶⁹

The Act was established in 1954 and revised 1974 to provide for the protection, well-being and advancement of the aboriginal peoples of Peninsular Malaysia. The Act emphasized on the setting up and establishment of the *Orang Asli* Reserve Land. However, the Act also includes the power accorded to the State Authority to order *Orang Asli* out of such reserved land at its discretion with award compensation to affected people.

b. *Orang Asli* Development Strategic Plan (2011 – 2015)

This plan is aimed at further developing the *Orang Asli* community to be comparable with the mainstream society. The Strategic Plan has six core elements, namely;

- Achievement of progressive economic activity,
- Strengthening human capital,
- Expand access to infrastructure,
- Improvement of health status,
- Cultivation of traditional knowledge and heritage
- Improvement of the Government delivery system and good governance.

⁶⁹ The Commissioner of Law Revision, Malaysia. (2006). *Act 134 - Aboriginal Peoples Act 1954*.

c. National Education Policy, 2012⁷⁰

The new National Education Policy has the following objectives:

- Ensure indigenous students (*Orang Asli and Penan*) are given the opportunities to have access to quality and relevant education
- Ensure indigenous students (*Orang Asli and Penan*) are given the opportunity to access to early education that developed according to their culture, language and their environment

The strategies proposed under the policy are as follows:

- Implementing the [*Programme Sekolah Model Khas Komprehensif (K9)*] to ensure indigenous students (*Orang Asli and Penan*) have nine years of education.
- Implementing Outreach Programme to create awareness among parents about the importance of education.
- Providing integrated school curriculum (*Kurikulum Bersepadu Sekolah*) for indigenous students (*Orang Asli and Penan*)
- Providing adult class [*Programme Kelas Dewasa Ibu Bapa Murid Orang Asli dan Peribumi (KEDAP)*].for indigenous parents (*Orang Asli and Penan*)

ii. Aboriginal Development Programme in Peninsular Malaysia by the Department of *Orang Asli* Development

- **Arranged Placement Programmes** - an aboriginal community settlement plan in an area that has been identified and equipped with basic and public facilities as well as land development programmes for indigenous people who are exposed to natural disasters or when their residential areas/villages are involved with the execution of government public projects such as dam construction, airport construction and others.
- **Economic Development Programmes** - increasing knowledge regarding techniques of modern and commercial technology through courses, lectures, field trips and practical training as well as entrepreneur assistance with allocations in the form of equipment,

⁷⁰ Ministry of Education, Malaysia (2012). *National Education Policy*.

machinery and entrepreneurial courses or training. Increasing their economics through the display of culture or sales of forest goods

- **Social Development Programmes** - housing aids and projects to improve infrastructures and public facilities

2.36/2.37 Institutional entities to address issues regarding the needs of indigenous peoples

Department of *Orang Asli* Development

The Department of *Orang Asli* Development, Malaysia (*Jabatan Kemajuan Orang Asli Malaysia* or *JAKOA*) was established under the Aboriginal Peoples Act 1954. Currently, the department is placed under the Ministry of Rural and Regional Development. The department is responsible for administration, development and welfare of the indigenous in West Malaysia. It is also aimed at protecting the indigenous and their way of life from the sudden development of civilization and exploitation while preparing facilities for education and suitable development.

2.38 ICPD issues regarding the needs of indigenous peoples in the national context during the last five (5) years.

a) Creating educational conditions for indigenous peoples to have access to an education in their own language and respecting their culture

The Ministry of Education has introduced special curriculum such to produce knowledgeable, conversant and skilled *Orang Asli* pupils who are proud of their heritage and able to assimilate in the society at large. In addition, one of the policies stated in the new National Education Policy, 2012 is to ensure indigenous students (*Orang Asli*) to access to early education that is developed according to their culture, language and their environment.

b) Ensuring that indigenous individuals, particularly children, have access to all levels and forms of public education of the state without discrimination

Under the Aboriginal Peoples Act 1954, Sec 17, it is clearly stated that “*No aboriginal child shall be precluded from attending any school by reason only of his being an aborigine*” The school drop out rates of *Orang Asli* children is one of Key Performance Index of Department of *Orang Asli* Development to measure *Orang Asli* school enrolment. The drop out has decreased from 29% in 2011 to 26% in 2012.

The Ministry of Education has provided infrastructure (schools and accommodation), financial support, and various intervention programmes to encourage participation amongst the *Orang Asli*.

On the other hand, the Department of *Orang Asli* Development and the Department of Planning and Coordination, Ministry of Rural and Regional Development (KKLW) had developed and implemented the Education Development Action Plan for Aboriginal Communities in Suburban Areas from 2003 to 2007. The action plan was aimed to prepare specific programmes or activities and allocation needs in marginal areas for the indigenous people from the following groups:

- Pre-school Level (5 – 6 years)
- Elementary Level (7 – 12 years)
- Higher Level (13 – 18 years)
- Tertiary Level
- Left Behind Level - youths that have been left behind from the schooling system and also parents who have never been schooled

In addition, the Department of *Orang Asli* Development also provides **Education Encouragement Aid Scheme** to assist indigenous students from primary to tertiary level. The schooling aids include the following:

- Note books and work books.

- Stationery.
- School uniform.
- Personal necessities (for students who live in hostels), such as toothpaste, bath wash, detergents, shoe polish, towels).
- Transportation fare to school.
- Food aid for students of rural schools (elementary schools)

c) Creating decent work opportunities for indigenous peoples without discrimination

Various economic development programmes are available to address the poverty issue among indigenous people. The following programmes are proposed under the Tenth Malaysia Plan (2011 – 2015) for indigenous people in Peninsular Malaysia, Sabah and Sarawak:

- Land development and ownership programme - to enable the indigenous people to become land owners and active farmers
- Assistance for establishment of businesses such as home stay and eco-tourism services
- Entrepreneurship training and funding

Under the Department of *Orang Asli* Development, the economic development programmes are as follows:

- **State Economic Development Programme** - funding for plantation development through Rubber Industry Smallholders Development Authority (RISDA) and Federal Land Consolidation and Rehabilitation Authority (FELCRA)
- **Expansion Programme (Course)** - training and exposure on modern crops and agricultural projects
- **Entrepreneur Guidance Programme** – organizing entrepreneurial courses and provision of business equipments, aids on input materials
- **Business Space Construction Programme** – funding allocation to build business space premises
- **Income Increment Programme, Citizen Well-being Development Scheme (SPKR)** – Provision of agricultural machineries, fisheries input materials, fish catching facilities,

vegetable projects, sweet potato planting, lime planting, tilapia rearing, local chicken rearing, goat rearing and others.

In addition, the Department of *Orang Asli* Development also provides job matching, organize career carnival, incubator and low income household initiatives *Azam Kerja* to increase the job opportunities among indigenous people

d) Ensuring that indigenous peoples have the access to culturally appropriate sexual and reproductive health care, including HIV prevention services

The Department of *Orang Asli* Development has been working closely with the Ministry of Health in order to reduce the maternal and infant mortality rate among indigenous people. The Health and Medical Division under The Department of *Orang Asli* Development have conducted various programmes and activities to provide health and medical services to the community⁷¹. A hospital for indigenous people was specifically set up in Gombak and the Ministry of Health has taken over the management of health Services for the indigenous population. A special health unit (including HIV and STI prevention and SRH services such as family planning and maternal and child health) has been assigned to take care of the indigenous people who are located near other villages and for those living in the very remote interior, land, water or air mobile units are used.

e) Enabling indigenous peoples to have tenure and manage their lands

It is stated in the Aboriginal People's Act 1954 that indigenous peoples' lands and reserves; however, the state authority may acquire the lands with compensation. Furthermore, the *Orang Asli* Land Ownership and Development Policy have been developed and currently are under review.

⁷¹ Department of *Orang Asli* Development (2011). *Annual Report 2010*.

f) Protecting and restoring the natural ecosystems on which indigenous communities depend for their survival and wellbeing

There is a MOU between the Department of Orang Asli Development and the Forest Research Institute Malaysia (FRIM) on the preservation of traditional plants.

g) Instituting concrete procedures and mechanisms for indigenous peoples to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives

Malaysia has slowly engaged indigenous people in a participatory way in the design, implementation and monitoring of programmes as outlined in the Tenth Malaysia Plan (2011–2015). Through the direct involvement of indigenous in programme planning, implementation and evaluation is taking the cultural differences, the practices and the current social protection systems of the indigenous minorities into account and develop a programmes according to the needs rather than inadvertently displacing them by inappropriate interventions.

In addition, through the National *Orang Asli* Development Advisory Council, indigenous people are engaged in planning and monitoring the development of *Orang Asli*. The government always appoints an *Orang Asli* to the Senate.

h) Seeking free, prior and informed consent of indigenous peoples in trade agreements, foreign direct investment agreements, and concessions agreements affecting their lives and environment

- Malaysia Timber Certification Scheme (MC&I) standard. The standard was initially used for assessing Forest Management Units (FMUs) for the purpose of certification. One of the conditions for receipt of Forest Management Certification [MC&I] is free, prior and informed consent of indigenous peoples.
- JAKOA is also in the midst of preparing Access Benefit Sharing Act (under NRE purview) for protection and claim on commercial utilization of traditional knowledge and practices of the *Orang Asli*.

i) Protecting indigenous peoples from discrimination

Article 8 (1) of the Federal Constitution states that, all person are equal before the law and entitled to equal protection of the law. This means, *Orang Asli* have the same protection as other citizens of Malaysia.

In the past few years the indigenous people have become more conscious of their rights and are able to demand for it, either by themselves or with the help of NGOs. There has also been increasing NGO and private citizen reports of discrimination of the indigenous peoples and it was precisely reports of discrimination and lack of professionalism in the treatment of Indigenous patients that lead to the decision for the Ministry of Health to take over the running of the health care system from the Department of *Orang Asli* Development. Under this new arrangement the 150,000 *Orang Asli* nationwide will be able to access better health care services. In order for this change to happen many rights groups [Human Rights Commission of Malaysia (SUHAKAM), the Bar council and Centre for *Orang Asli* concerns, to name a few] have worked together to demand that the rights of the indigenous people be protected.

j) Collecting data on the socio-economic status of indigenous peoples disaggregated on the basis of sex, age, place of residence

Data is collected by Department of Statistics and the Department of *Orang Asli* Development.

2.39 Achievements in addressing issues related to the needs of indigenous peoples

The achievement in addressing issues related to the needs of indigenous people that identified by Ministry of Health is “Improving accessibility of health care among indigenous especially in remote area”, with the mean distance of health care facilities to the indigenous villages was 97km, with a minimum of 85km and maximum 110 km (Technical Indigenous Report, 2003-2007). Effective partnership with stakeholders at national level is the facilitating factor, while other poor basic infrastructure facilities such as road, electric supply and water are the barriers in providing the healthcare services to indigenous people.

2.40 Most relevant issues regarding the needs of indigenous peoples that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

a. Land – communal ownership of their ancestral land

According to the SUHAKAM commissioned report on “*Orang Asli* Rights, Problems and Solutions” (2010) the *Orang Asli* today are seeking recognition, by the Government, of their (special) existence, of their problems, and of their perspectives. They seek recognition that their ancestral lands are essential for their economic, social and spiritual development; and they also want their lands secured in their hands. The government will have to look into this matter over the next five years.

b. Education

In the next five years education for the indigenous people’s children will continue to be an important area to work on considering the vast education gap between the *Orang Asli* children and their other counterparts in the country. A number of special programmes have been implemented and further identified under the EDMP Programmes include the Outreach Programme for *Orang Asli* children, Special Remedial Programme for Indigenous People, Redesigning and Modifying of Curriculum tailored to their needs and backgrounds. Funds have also been allocated for *Orang Asli* students to provide them with uniform, transportation fares, school fees, examination fees, stationeries, food ration subsidy and scholarship. It is hope that these programmes given time will bear fruit.

c. Economics

Economics will remain a major area of concern considering that many *Orang Asli* still live below the poverty line but there is already in place programmes to address the gross poverty problem among them.

Traditional knowledge

The maintenance of Orang Asli customary lands is crucial to the development of traditional knowledge, a valuable tool for the development of, for example, the agricultural, forestry and medical science industries. This recognition should be acknowledged and given consideration.

d. Human capital

Human capital (skills, talents and knowledge possessed by members of the community) of the *Orang Asli* is in high demand from mainstream society because it is of invaluable benefit. Indeed with the *Orang Asli* their human capital is unique and was owned by them alone. Development and resettlement can be a threat because the young may no longer be interested in traditional work and prefer to be employed in fixed income jobs which can be lowly paid considering the fact that they do not have the educational opportunities of their counterparts. Thus this changing human capital will have to be studied.

e. Improving the health status of indigenous people

Despite various interventions, programmes and services are provided by the Ministry of Health specifically for the indigenous people, the overall health status of the group is still lagging behind the general population. Indigenous children were likely to die from infections such as malaria, pneumonia and acute gastroenteritis, aggravated by malnutrition. In addition, the maternal mortality rate and unmet need for contraception are higher among the indigenous women.

f. Accessibility of health care facilities especially in remote area

Although the mean distance of health care facilities to the indigenous villages was 97km, according to the Technical Indigenous Report, 2003-2007, it is still hard to deliver the healthcare services for the indigenous people due the lack of basic infrastructure facilities such as road, electric supply and water. Furthermore, the special health unit for indigenous people may not be able to address the health needs of indigenous people during emergency as they only deliver the services periodically.

2.41 Assessment/situation analysis on the needs of indigenous peoples at the national and/or sub-national level in the last five (5) years

The Department of *Orang Asli* Development is in the midst of conducting a “Study and Review of the Socio-Economic Status of Aboriginal Peoples (*Orang Asli*) in Peninsular Malaysia for the Formulation of a National Development Plan for *Orang Asli*”. A joint programme between EPU, UNDP and UNICEF to formulate a National Development Plan for the *Orang Asli*.

A SUHAKAM commissioned study undertaken by the Centre for Orang Asli concerns the following were identified as areas of concern to the indigenous people of Malaysia⁷²:

1. Right to land and natural resources
2. Right to development
3. Right to self-determination
4. Right to culture and identity and
5. Right to security

2.42 Three (3) civil society organizations (CSOs) whom the government has partnered with in the area of indigenous peoples over the past five (5) years

- a. **Peninsular Malaysia OA Graduates Association** – a indigenous people’s group that involve in advocacy and policy formulation
- b. **Perak Orang Asli Foundation** – a indigenous people’s group that involve in advocacy and policy formulation
- c. **Kelantan Orang Asli Association**– a indigenous people’s group that involve in advocacy and policy formulation
- d. **Institute of Medical Research** - the biomedical research arm of the Ministry of Health, Malaysia. A Technical Report of *Orang Asli* was produced by the IMR in 1998-2002 and 2003-2007.

⁷² Nicholas, C. (2010). *Orang Asli Rights, Problems and Solutions*. Suhakam

2.43 Three (3) private sector partners with whom the government has partnered with in the area of indigenous peoples over the past five (5) years

The Ministry of Education (*Unit Pengurusan Pembangunan Murid Orang Asli dan Pribumi, Sektor Pengurusan Sekolah Rendah*) has been working closely with the Foundation, under their corporate social responsibility (CSR) programme for indigenous peoples. Activities included awareness and motivational programmes, subsidy programmes and school adoption programmes (SK Sungai Tiang, Hulu Perak, and Perak)

The Department of Orang Asli Development has been collaborating with Petronas and Produa to conduct training and educational activities. In addition, job placement with Produa was also arranged for Orang Asli Giat MARA students.

2.44 Three (3) examples where the government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area of indigenous peoples over the past five (5) years

The United Nations Development Programme has supported the Ministry of Health financially to conduct research on Indigenous Socio-Economic Status 2008-2012.

Conclusions and Recommendations

1. There is no denial that the indigenous population in Malaysia lags behind the rest of the population in all areas of development and more than that their livelihood is threatened by the development undertaken by the rest of the population. Nonetheless their rights are enshrined in the constitution and there has been assurance on the part of the Government to give the *Orang Asli* ownership of land after they have planted with plantation crops. Because land is a state matter the issue needs to be addressed at a faster pace.
2. However it must be recognized that meeting the needs of 150,000 people spread over vast areas of space can be challenging and it would auger well for the government to work with NGOS committed to the cause to work together to ensure that programmes can reach the indigenous people.

3. Now that the Ministry of Health has just taken over the management of health Services for the indigenous population perhaps it is timely that systematic study on health status and factors affecting their health status be conducted in order to understand the problem as well as to provide some baseline data to monitor progress made in this area.
4. Poverty and education remain very important areas to address. Despite the incentives provided to enable the children to remain in school, drop-out rate among the indigenous population remains a problem. According to Nicholas (2010) children drop-out because of structural reasons which can be broadly categorized as follows⁷³:
 - Factors related to poverty;
 - Non-delivery of educational assistance;
 - Contrast in the Pedagogy and the Culture;
 - Gaps in attendance; and
 - Imperfections in the system

These issues will need to be addressed.

5. Malaysia will have to prioritize meeting the needs of the indigenous population in order to meet the ICPD POA with indigenous people in Malaysia. There may not be many of them but 150,000 people distributed all over the country can be a challenge.

⁷³ NPFDB (2009). *Malaysian Population and Family Survey (MPFS), 2004*.

SECTION 3: URBANIZATION AND INTERNAL MIGRATION

Introduction - Current situations of urbanization and internal migration

Malaysia is a high-middle income country with a population of 28.3 million⁷⁴ and it is urbanizing rapidly. The socio-economic development is aligned towards becoming a developed and high income nation in 2020. The percent of population living in urban areas has increased from 28% in 1970 to more than 70% today, with heavy concentration in the Klang Valley and a few big cities^{75,76}. The urbanization level is expected to increase to about 75% by the year 2020, and a concentration of this growth is expected to occur in existing large urban centres, namely the four major urban conurbations ie Kuala Lumpur, Georgetown, Johor Bahru and Kuantan (NPP2, 2010). Many small and intermediate towns as well as rural areas, except for those lying within the sphere of the urban conurbations, are thus expected to experience low or negative rate of population growth. The focus of the Government is to plan and manage effectively the urban growth in major urban centres while simultaneously enhancing productivity and efficiency of the small and intermediate towns as well as rural areas so as to create small prosperous places to discourage population loss.

Migration accounted for about one third of the urban population growth in the whole country and about half of the urban population growth in Selangor, and has been the primary factor for the rapid population growth of the major cities⁷⁷. Intra-urban migration stream has become the most prominent migration stream in recent years. Selangor recorded the highest net gain in population over the last few decades. Between 1991 and 2000 the population of Selangor grew by 6.3% per annum, the highest in the country, and the proportion of total population living in

⁷⁴ Department of Statistics, Malaysia (2011) *'Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010.'*

⁷⁵ Department of Statistics, Malaysia (2001) *'Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2000'*

⁷⁶ Department of Statistics, Malaysia (2011) *'Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010.'*

⁷⁷ Tey Nai Peng (2005). Trends and Patterns of Urbanization in Malaysia, 1970-2000 in Gayl D Ness and Prem P Talwar (eds.), *Asian Urbanization in the New Millennium*, Marshall Cavendish Academic (Quick Asian Urban Information Centre of Kobe. Pp, 178-221.

the state increased from 13 percent to 18% during the 9-year period. Although Selangor experienced a decelerated rate of population growth at 2.7% during 2000-2010 period, its proportionate share of the national population continued to increase to 19.3%.

While Malaysia has a number of national policies, programmes and strategies addressing urbanization, it does not have a specific policy for internal migration. Nevertheless, some of the policy measures such as the development of Bumiputera Commercial and Industrial Community under the various economic policies and programmes implemented in successive Malaysia Plans, have the effects of encouraging and facilitating internal migration among the Bumiputera (comprising Malays and other indigenous groups).

In response to the UN field inquiry in 2009, the Malaysian Government viewed it desirable to have major change in spatial distribution, and the need to reduce migration into urban agglomeration, and rural to urban migration. However, the view was to maintain urban-rural migration and no intervention was necessary on rural to rural and urban to urban migration.

3.0 ICPD/PoA Objectives

The International Conference on Population and Development (ICPD) Plan of Action (PoA) discussed population distribution, urbanization and internal migration under three sections.

a) Population distribution and sustainable development:

Cities are centres of economic growth, providing the impetus for socio-economic innovation and change. A report by UN Human Settlements Programme (UN HABITAT) in 2009 indicated that many cities and towns are not adequately equipped to deal with the unprecedented amount of global challenges, including rapid urbanization and the negative impacts of climate change. The global urbanization crisis comes from the massive migration to cities, as well as the consequences of global warming,

The objectives of ICPD to address population distribution and sustainable development are:

- To foster a more balanced spatial distribution of the population by promoting in an integrated manner the equitable and ecologically sustainable development of major sending and receiving areas, with particular emphasis on the promotion of economic, social and gender equity based on respect for human rights, especially the right to development;
- To reduce the role of the various push factors as they relate to migration flows.

b) Population growth in large urban agglomerations

In many countries, the urban system is characterized by the overwhelming preponderance of a single major city or agglomeration. The challenges faced by cities are often exacerbated by weak management capacities at the local level to address the consequences of population concentration, socio-economic development, environmental impacts and their interrelations. The objective of ICPD was to enhance the management of urban agglomerations through more participatory and resource-conscious planning and management, review and revise the policies and mechanisms that contribute to the excessive concentration of population in large cities, and improve the security and quality of life of both rural and urban low-income residents.

c) Internally displaced persons

The objectives of ICPD to address issues pertaining to internally displaced persons are:

- To offer adequate protection and assistance to persons displaced within their country, particularly women, children and the elderly, who are the most vulnerable, and to find solutions to the root causes of their displacement in view of preventing it and, when appropriate, to facilitate return or resettlement;
- To put an end to all forms of forced migration, including 'ethnic cleansing'.

In relation to the above-mentioned objectives, it is to be noted that internally displaced persons in the Malaysian context only refers to those internally displaced due to natural disaster such as landslides and tsunami. There is no issue relating to forced migration or 'ethnic cleansing'. The Malaysian Government recognizes that climate change contributes to local disasters such as landslides and tsunami. Malaysia is a party to the United Nations framework Convention on Climate Change (UNFCCC) since 1994 and the National Policy on Climate Change was approved by the Malaysian Cabinet in December 2009. Malaysia has also adopted the Hyogo Framework for Action 2005-2015 (HFA) to build a nation and community that are resilient to disaster.

Report

3.1/3.2 National policy, programme and/or strategy addressing urbanization and internal migration issues

Malaysia has implemented a number of policies, programmes and strategies to address urbanization and population distribution. Although the Malaysian population has become more mobile over the years, there is no direct policy on internal migration and on internally displaced persons. However, the population distribution policies, such as development corridors and growth centres, would have an effect on population mobility. Migration surveys have been carried out annually in conjunction with the labour force surveys by the Department of Statistics Malaysia. The decennial population censuses also collected information on internal migration. The policies, programmes and strategies on urbanization and population distribution are described below:

The National Urbanization Policy (NUP) has been implemented since the 9th Malaysia Plan (2006). New and updated guide on urban development are incorporated in subsequent Malaysia Plans. The responsible government agency for this policy is the Town and Country Planning Department of the Ministry of Housing and Local Government, working in collaboration with various other government agencies⁷⁸. The financial resources for implementing the programmes

⁷⁸ Government of Malaysia, 2011. Tenth Malaysia Plan (2011-2015).

and projects by various agencies are included in the annual budget and the five-year Malaysia Plans. The NUP was formulated to improve the effectiveness of urban service quality to create safe, systematic, modern and attractive cities, based on the philosophy of a peaceful city for all. The NUP is aimed at *“creating a visionary city with a peaceful community and living environment through sustainable urban development”*, with the following objectives:

- To develop a planned, quality, progressive and sustainable city;
- To develop and strengthen a competitive urban economy;
- To create a conducive environment in order to encourage social development;
- To eradicate urban poverty;
- To strengthen the planning, implementation and monitoring system of the NUP; and
- To strengthen urban management and administrative institutions

The National Physical Plan 2 (NPP2- 2010). As a follow-up of the National Physical Plan introduced in 2005, the second National Physical Plan (NPP2) has been implemented since 2010 as the national strategic spatial planning policies, to provide the spatial dimension to the Five-Year Malaysian Plan and the various sectoral policies, for the population in general. The National Physical Plan are framed within a spatial and time perspective as with the State Structure Plans and Local Plans. One of the main functions of the NPP 2 is to strengthen the national development plans by incorporating spatial dimensions in tandem with the national socio-economic policies. The Federal Town & Country Planning Department is responsible for the preparation of the NPP2. Its implementation lies with the various implementing bodies at the federal, state and local government⁷⁹.

Corridor Development Plans (CDP) for the various designated regional growth corridors i.e. the Eastern Corridor Economic Region (ECER), the Northern Corridor Economic Region (NCER), Iskandar Malaysia (in southern part of Peninsular Malaysia), Sarawak Corridor of Renewable Energy (SCORE) and Sabah Development Corridor (SDC) are essentially socio-economic oriented

⁷⁹ Economic Planning Unit, Prime Minister’s Department (2010). *Tenth Malaysia Plan (2011-2015)*.

and project-based programmes and strategies to bring about a more balanced regional growth in the country. The 5 Regional Growth Corridor Authorities are responsible for the implementations of all the programmes and strategies under the CDPs between 2006 and 2025. The target population groups are the population within the various corridors. The EPU is tasked with coordinating and monitoring the implementation of CDPs^{80,81,82}.

The National Housing Policy is implemented in conjunction with the five-year Malaysia Plan. The Department of National Housing of the Ministry of Housing is responsible for this Policy. This policy provides the necessary physical and social infrastructure for the implementation of the Habitat Agenda, which includes the **Zero-Squatter policy, and Integrated Peoples Housing**. While the private sector focused more on overall market demand, the public sector continue to provide houses for sale or rent to the low-income group and public sector employees. Housing programmes continued to be implemented based on the human settlement concept, whereby housing estates were provided with communal and recreational facilities. Priority will continue to be given to the development of low-and low medium-cost houses^{83,84}.

The Outline Perspective Plans and the 5-year Malaysian–Development Plans (MP) for socio-economic development programmes has been implemented since 1966. The longer term policies were incorporated in the First Outline Perspective Plan (1971-1991 – the New Economic Policy), the second Outline Perspective Plan (1991-2000- the National Development Policy) and the third Outline Perspective Plan (2001-2010- the National Vision Policy). The 5-year Malaysia Development Plans are the intermediate plans. The present five Year Malaysian Plan is the Tenth Malaysia Plan (2011- 2015). The 10th Malaysia Plan focuses on key growth engines by building urban agglomerations, focusing corridors around clusters and developing

^{80, 83} Economic Planning Unit, Prime Minister’s Department (2006). *Ninth Malaysia Plan (2006-2010)*.

⁸¹ Economic Planning Unit, Prime Minister’s Department (2008). *Mid-term Review of Ninth Malaysia Plan (2006-2010)*.

^{82, 84} Economic Planning Unit, Prime Minister’s Department (2010). *Tenth Malaysia Plan (2011-2015)*.

National Key Economic Areas (NKEAs). This far reaching programme of reforms will provide the enabling environment for NKEAs to deliver the targeted economic growth^{85,86}.

The MP is a blueprint used in the allocation of the national budget for the various programmes. The Economic Planning Unit (EPU under the Prime Minister's Department, and the Finance Ministry of Malaysia (MOF) are responsible for the preparation of the Five-Year Malaysia Plans, used to steer the implementing agencies in their budget application. The MP is targeted at the population in general, and it is for a period of 5 years.

Policies relating to urbanization, migration population distribution and the wellbeing of rural and urban population are addressed in these plans. For instance, under the NDP, programmes included loan schemes for small-scale agricultural and commercial development modeled on the Grameen Bank, land consolidation and rehabilitation programmes, commercialization of farms, agricultural productivity enhancement projects, provision and improvement of services for the urban poor, and efforts to promote employment opportunities in manufacturing, construction, and other urban-based industries.

While none of these policies have explicitly sought to deal issues related to internal migration, the development of Bumiputera Commercial and Industrial Community (BCIC) under the New Economic Policy (NEP) since 1970 in effect has contributed to the increased rural-urban migration of the Malays and other indigenous groups, with greater participation in various economic and entrepreneurial activities both in the existing urban centres as well as in the newly established townships and satellite towns.

Government Transformation Programme (GTP) is an effort by the Government beginning the Tenth Malaysian Plan to address seven key areas concerning the people of the country. Seven National Key Results Areas (NKRAs) of the GTP have been identified, of which five (5) of those

⁸⁵ Economic Planning Unit, Prime Minister's Department (2006), *Ninth Malaysia Plan (2006-2010)*.

⁸⁶ Economic Planning Unit, Prime Minister's Department (2010), *Tenth Malaysia Plan (2011-2015)*.

will affect urbanization and migration. NKRA that include reducing crime, raising living standards of low-income households, improving urban public transport and addressing cost of living are 'pull factors' that make urban living more attractive and thus encouraging in-migration. On the other hand, NKRA on improving rural basic infrastructure are attempts to make rural living more conducive, thus discouraging further rural out-migration.

Economic Transformation Programme (ETP) is a comprehensive economic transformation plan to propel Malaysia's economy into a high income economy by the year 2020. There are thirteen (13) National Key Economic Areas (NKEAs) which consists of activities that have been identified as those that have the potential to contribute significantly to the growth of the economy of Malaysia. Economic activities that are categorized as NKEA will be prioritized in Government planning and funds allocation. Of the 13 NKEAs, one particular component is expected to have a big impact on the rate of urbanization of the capital city of Kuala Lumpur. The Greater KL initiative is basically about creating an urban agglomeration to spur the country's economic growth. Rapid economic growth in Greater Kuala Lumpur is expected to attract more migrants to the region.

Development Plans i.e. State Structure Plans (SP), Local Plans and Special Area Plan (including policy, programme and strategy) – These Structure Plans set out the policies for spatial development of structural importance in each state. Local Plans translate the strategic policies of the Structure Plan for implementation at the local level. Special Area Plan is a detailed planning and development control guide for special areas/purpose e.g. urban regeneration. The State Authority is responsible for the preparation of the State Structure Plan. Its implementation lies with the various implementing bodies at the federal, state and local government. The Local Authorities is responsible for the preparation of the Local Plans and the Special Area Plans. The target population groups are the population in the states and local authorities accordingly. Normally plans are prepared on a 15-20 years basis and the revisions are subjected to state and local authorities.

Malaysian Urban Indicators Network (Murni Net) System was introduced in 2004 during the Eighth Malaysia Plan period (2001-2005), as an effort to implement sustainable development, using a set of indicators that can measure the sustainability of development to fulfill the national aspiration in realizing sustainable development in this country. This system provides 55 indicators in measuring the sustainability of urban areas administered by Local Authority. Since the implementation, it is said to improve the sustainability of many cities based on scores achievement^{87,88}.

E-Kasih Project is a national poverty databank to provide aid to the poor. The Implementation Coordinating Unit (ICU) of the Prime Minister Department is responsible for the implementation of this programme, which is aimed at serving the poor population.

3.3/3.4 The institutional entities to address issues regarding urbanization and internal distribution

The relevant institutional entities at the federal level cut across many ministries and agencies. Among the key agencies are the Ministry of Housing and Local Government, Ministry of Federal Territory and Urban Wellbeing, Ministry of Woman, Family and Community Development, and the Economic Planning Unit of the Prime Minister's Departments. The Performance Management and Delivery Unit (PEMANDU) i.e. a body established in 2009 under the Prime Minister Department to oversee and monitor the implementation of the various programmes under the GTP (National Key Result Areas -NKRA and Ministerial Key Result Areas -MKRA) and the ETP^{89,90,91}.

⁸⁷ United Nations Country Team Malaysia (2011). *Malaysia: Millennium Development Goals at 2010*.

⁸⁸ Marlyana Azyyati Marzukhi, Dasimah Omar, Oliver Ling Hoon Leh, Muhammad Sharil Hamir, Maassoumeh Barghchi, 2011. Malaysian Urban Indicators Network: A Sustainable Development Initiative in Malaysia, *European Journal of Social Sciences – Volume 25, Number 1(2011)*.

⁸⁹ Economic Planning Unit, Prime Minister's Department (2006). *Ninth Malaysia Plan (2006-2010)*.

⁹⁰ National Economic Advisory Council (2009). *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions*.

⁹¹ Economic Planning Unit, Prime Minister's Department (2010). *Tenth Malaysia Plan (2011-2015)*.

Five (5) regional corridor authorities were established in 2009 during the Mid-term Review of the Ninth Malaysia Plan, to focus on reducing regional imbalance and bring about equitable growth, investment and employment opportunities to all regions of Malaysia and thereby addressing issues of urbanization and internal distribution. These regional corridor authorities are:

- (i) Iskandar Regional Development Authority (IRDA)
- (ii) Northern Corridor Implementation Authority (NCIA)
- (iii) East Coast Economic Region Development Council (ECERDC)
- (iv) Sabah Economic Development and Investment Authority (SEDIA)
- (v) Regional Development Corridor Authority (RECODA)

All the 13 State Governments and 151 Local Authorities are also directly involved in resolving issues regarding urbanization and internal distribution in the country through the state agencies.

3.5. Addressing ICPD issues regarding urbanization and internal migration in the national context during the last five (5) years

Malaysia has addressed several ICPD issues regarding urbanization and population distribution with attendant effects on internal migration during the last five years, and these are discussed below:

3.5 a. Promoting the growth of small or medium-sized urban centres

The *NUP and NPP2* has called for the development of Major (medium sized urban centres) and Minor Settlements Centres (small sized urban centres) in accordance with their local economic potentials and to support their roles in regional development. The NPP2 represents a concrete measure to promote the growth of small or medium sized urban centres (MHLG and EPU). The Regional Development Authorities and Local Authorities play important role in promoting the growth of small and medium townships based on Structure Plan and Local Plan for that particular area, with the provision of housing, basic infrastructure and sanitary and waste management services.

3.5b. Promoting rural development strategies to decrease push factors on urbanization

Under the Ninth Malaysia Plan (2006 – 2010), efforts were made to i) reduce regional disparity through development of RGCs (Regional Growth Corridors) which will provide better infrastructure and amenities and income opportunities in rural areas to facilitate rural growth; and ii) to implement modern agriculture to produce high value added primary and agro-based products on a commercial scale. Budgets were allocated for the implementation of concrete measures to promote rural development strategies to decrease push factors for out migration of rural population.

The Tenth Malaysia Plan (2011 – 2015) continued to i) place emphasis on rural development particularly on improving access to education and utilities, connectivity and upgrading rural economic activities to attract private investments; and to create employment and economic activities, thus providing opportunities for the younger generation to return and work in rural areas; and ii) encourage concentration of rural population in selected Rural Growth Centres especially those in remote rural areas to ease the provisions of infrastructure, facilities and other assistance.

The National Key Result Areas on improving rural development under the **Government Transformation Programme (GTP)** was implemented since 2010 to promote rural development strategies to decrease push factors on urbanization.

National Physical Plan 2 (NPP2) has a policy to promote the development of rural areas and rural growth centres to ensure higher income and better quality of life for the rural population. Budgets were allocated for this purpose. Implementation of this policy depends on initiatives by the different implementing agencies separately.

Rural Development Strategies and Programmes were implemented to decrease push factors on urbanization. Concrete measures were taken to address these issues, with annual budget given for the development of rural areas focusing on provision of basic infrastructure and poverty

reduction programmes. Other than that, human capital development (through skills training) and economic programmes also were given emphasis in order to decrease rural-out migration. All the strategies implemented to promote integrated rural development strategies to decrease push factors in rural-urban migration are on schedule to achieve their objectives.

3.5 c) Promoting decentralization

As part of the *NUP and NPP2*, Malaysia established *5 regional economic corridors* in 2009 to decentralize development away from the highly urbanized central region. Substantial budget is allocated to all 5 Regional Growth Corridor Authorities which were established each with their own development blueprints to identify programmes and projects. Budget allocations to RGCAs are given priority in the national agenda.

3.5 d) Ensuring land, housing, services and livelihood of urban poor

The National Housing Policy aims to provide adequate, comfortable, quality and affordable housing to enhance the sustainability of the quality of life of the people via the People's Housing Program. People's Housing Programme is a government programme for the resettlement of squatters and residence requirements for low-income earners. National Housing Department / Ministry of Housing and Local Government is the main implementing agency for the PPR projects throughout Malaysia. PPR consists of two categories, PPR for Rental (PPRS) and PPR for Ownership (PPRM). All the houses built under both PPRM and PPRS will use the specifications of planning and design of low-cost housing set out in the National Housing Standard for Low Cost Housing Flats (CIS2).

PRIMA Programme was established to promote greater home ownership, especially among the middle-income earners by providing more affordable residential properties in major cities nationwide. Budget is allocated in providing low cost public housing in urban areas through the National Housing Department and PRIMA Corporation.

Government Transformation Programme (GTP) “Improving Urban Public Transport” National Key Result Area – budget was allocated to achieve the goal of this NKRA to improve the overall quality of public transportation for it to become the mode of choice for urban commuters. The Land Public Transport Commission (SPAD) was officially established in 2010 to draw up policies, planning and regulating all aspects of land public transportation in the country.

Initiatives to increase income and quality of life of urban poor include capacity enhancement programmes through skills training and skills upgrading to enable them to secure higher paying jobs as well as engage in skills-based businesses⁹². Main programmes to promote health, education, training and employment support for urban poor are as follows:

- 1Malaysia Skills and Training Development Programme
- Creation of new jobs through Foreign Direct Investment
- Fund for Small Enterprises

3.5 e) Facilitating the integration of rural-to-urban migrants

While there is no particular policy/programme/ strategy to address issue of integration of rural-to-urban migrants, policy focus on urban poor in general will indirectly address this particular issue.

3.5f) Promoting environmental management of urban agglomerations

Policies in the **NPP2 and the NUP** form the basis of preparing development plans to propagate achieving environmentally sound and energy efficient cities using concepts like ‘compact city’, ‘green city’ and ‘livable city’. Future developments, especially along public transportation routes are to be developed using the ‘Transit Oriented Development’ (TOD) concept so as to encourage the use of public transport and reduce emissions of carbon dioxide in the process. Urban Growth Limits are to be demarcated to avoid urban sprawl as well as urban renewal to address issues on old dilapidating urban areas so that these areas will be better places to live in

⁹² Economic Planning Unit, Prime Minister’s Department (2010)..*Tenth Malaysia Plan (2011-2015)*.

as well as having better potential to create employment opportunities. The implementation of policies depends on individual initiatives by the various implementing agencies.

Low carbon cities programmes have been developed to promote green townships in Malaysia. The Ministry of Energy, Green Technology and Water and the Malaysia Green Tech Corporation has introduced the Low Carbon Cities Framework and Assessment System (LCCF) to encourage and promote the concept of low carbon cities and townships in Malaysia and as a tool to calculate the carbon emissions within development.

Other programmes/strategies used to promote environmental management of urban agglomerations are

- Planning and developing the conurbation as a unit through providing efficient infrastructure, facilities and connectivity between the core and the peripheral areas.
- Managing urban environment through changes in administrative structure and extensive infrastructural improvements in the collection, recycling and disposal of solid wastes throughout the country. The management of solid waste has been moved directly under the Federal Government from the local authorities through the passing of the Solid Waste and Public Cleansing Management Act 2007.
- Managing urban environment through addressing water pollution issues and waterfront projects/river of live

3.5g. Promoting health, education, training and employment support for Internally Displaced Persons (IDP) s

Not applicable.

3.5h) Proactive planning for urban population growth

Programmes implemented under the NUP and NPP2 are on schedule to achieve the objectives of managing urbanization and over concentration of population in a few mega cities. Proactive planning for urban population growth is embedded in The Development Plans i.e. The Structure

Plans, Local Plans and Special Area Plans prepared for a particular area. Budget is allocated for the preparation of Development Plans but not their implementation. The implementation of Development Plans depends on individual initiatives by the various implementing agencies.

3.6 Issues related to urbanization and internal migration that are most relevant in the national context

- Limited budget.
- Unbalanced regional growth and urban rural disparity.
- Rural out-migration has resulted in rural depopulation and land abandonment. Rural areas are deprived of labour and human resources, while cities are becoming more crowded with attendant problems such as increasing crime rate, escalating cost of housing, traffic congestion, air pollution and garbage disposal.
- Inadequate infrastructure to cope with the rapid growth of the cities – housing, public transportation, schools.

In tandem with Malaysia's rapid development, the proportion of urban population increased to 71.0 per cent in 2010 compared with 62.0 per cent in 2000. Apart from W. P. Kuala Lumpur and W. P. Putrajaya with 100 per cent level in urbanization, the other states with high level of urbanization were Selangor and Pulau Pinang with 91.4 per cent and 90.8 per cent respectively (Chart 6). Conversely, the states with lower urbanization levels were Kelantan (42.4%), Pahang (50.5%) and Perlis (51.4%)⁹³.

Public-private partnership (e.g. in housing development) is a facilitating factor in addressing issues related to urbanization and internal migration. However, Ministries working in silo could pose a barrier, and there is a need for more coordinated and streamlined efforts.

⁹³ Department of Statistics, Malaysia (2011) *Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010*.

During the 10th Malaysian Plan period, 2011-2015, the Blue Ocean Strategy in programme and project implementation is being adopted to improve coordination and joint efforts between different ministries. In addition, the implementation of the Outcome Based approach in policy formulation and budgeting since the 10th Malaysian Plan has further strengthen coordination between central agencies and the implementing agencies.

3.7 The most relevant issues regarding urbanization and internal migration that the country considers priority for public policy for the next five (5) to ten (10) years

- Rising cost of living that is adversely affecting the urban poor – taking cognizance that the phenomena on the rising costs of living (especially the rising cost of food items) have become an issue impacting the lives of every Malaysian, in July 2011, the Government announced the 7th NKRA under the GTP to address the pressing issue of inflation and rising cost of living of the people in both rural and urban areas⁹⁴.
- Housing for the urban poor -Insufficient provisions of low cost housing to accommodate the needs of the urban poor. In a paper titled “Pragmatic Housing Policy in the Quest for Low-income Group Housing Delivery in Malaysia (undated), Bawa Chafe Abdullahi and Wan Nor Azriyati Wan Abd Aziz⁹⁵ argued that Malaysia housing policy strongly advocates Public Private Partnership (PPP) as a means to manifest much of the housing needs and synergy between the government and private developers have ensured timely and quality delivery of mass housing products for the low income group.
- Lack of employment opportunities to accommodate the urban poor, generally characterized by their lack of skills and academic qualifications. There is therefore a need to provide training and upgrade the skills of urban poor so as to achieve Target 1B of Goal 1 of MDG on achieving full and productive employment and decent work for all, including women and young people.

⁹⁴ Azril Anwar, The Sun 28 July 2011. PM announces 7th NKRA - tackling rising living costs.

⁹⁵ Bawa Chafe Abdullahi and Wan Nor Azriyati Wan Abd Aziz (Undated). Pragmatic Housing Policy in the Quest for Low-income group housing delivery in Malaysia. (<http://fbc.um.edu.my/images/fab/Files/jdbev08/vol8-02.pdf>)

- Low accessibility to efficient public transportation affecting the urban poor in getting to work. Hence one of the NKRA's under the GTP is to improve urban public transport. The 11 initiatives implemented in the GTP 1.0 to improve the urban public transport (UPT) system achieved significant progress in terms of adding capacity and improving accessibility and connectivity. The UPT NKRA is on track to provide a reliable, affordable, convenient and integrated public transport system in Greater Kuala Lumpur/Klang Valley, while at the same, addressing the city's chronic traffic congestion problem. The following initiatives grouped under four main categories of Bus, Rail, Integration and Network were implemented over the last three years⁹⁶.
- Urban safety – Efforts are being taken under the GTP to reduce crime. NKRA looks at revitalizing the criminal justice system to improve all operative layers of addressing crime in Malaysia. Since the implementation, several measurable key results were announced such as nationwide crime reduced, violent crime cases cleared, police station ranking and more personnel mobilized to frontline duty. Specific action plans have been laid out to achieve this goal⁹⁷.
- Poor and sometime dilapidating living environment - This issue is addressed by the National Housing Policy which provides the necessary physical and social infrastructure for the implementation of the Habitat Agenda, which includes the Zero-Squatter Policy. A holistic approach in the form of the preparation of the Special Area Plan targeting depressed areas will be adopted and effectively implemented to address issues concerning the living environment of the urban poor as well as other social and economic issues.
- Inadequate provisions of social amenities and infrastructure - The provision of recreational areas is generally inadequate in all cities in the country. The rapid growth of the urban population has also increased the demand on infrastructure and utility which is beyond the capacity of the existing facilities. Many urban areas face the problem of recurrence of flash

⁹⁶ http://www.pemandu.gov.my/gtp/Improving_Urban_Public_Transport-@-GTP_1@0_Improving_Urban_Public_Transport.aspx

⁹⁷ http://en.wikipedia.org/wiki/Government_Transformation_Programme_%28Malaysia%29#Reducing_Crime

floods due to the drainage system being unable to contain surface water run-off that has greatly increased with the higher intensity of urban activities

3.8 Legal or practical restrictions on the movement of people within the country

There is no legal or practical restriction on the movement of people within the country.

3.9 Has the country conducted an assessment/situation analysis on internal migration and/or urbanization at the national and/or subnational level in the last five (5) years? IF YES, cite the report (s).

At the national level only

- 10th Malaysia Plan, 2010
- National Physical Plan (Town and Country Planning Department)
- Second Population Strategic Plan Study (NPFDB).

At the subnational level only:

- Structure Plan of Each Urban Centre; and State Master Plans

3.10 Assessment/ situation analysis on internally displaced persons and/or refugees in the last five (5) years?

The country has not conducted an assessment/ situation analysis on internally displaced persons and/or refugees in the last five (5) years.

3.12 Civil society organizations (CSOs) whom the government has partnered with in the area of urbanization and internal migration over the past five (5) years.

There is little collaboration between the government agencies and CSOs in the area of urbanization and migration over the past 5 years. The partnerships are confined to holding joint conferences, e.g. between the Ministry of Housing and Local Government and Malaysian institute of Planner, a National NGO, and with two international NGOs namely Eastern Regional

Organization for Planning and Human Settlements (EAROPH) and UN Habitat. EPU's partnership with CSOs was also confined to academic research.

Conclusion and Recommendations

Rapid urbanization was a consequence of development, and it in turn had major implications for development policy. Urbanization has led to fundamental changes in Malaysia's development context. Even in those states that remain most heavily rural, such as Kedah, Kelantan, and Pahang, a reasonably large city is located within the state, giving rural dwellers access to its services. Another notable development is the evolution of the Kuala Lumpur (Klang Valley metropolis) into a mega urban region spreading over large parts of the state of Selangor, with a total population of almost 5 million⁹⁸.

Malaysia has achieved some measures of success in promoting decentralization. The various policies on population distribution and urbanization have alleviated the problems of rapid urban growth and population concentration. Regional development strategies and the Development Corridors aimed at achieving the ICPD objective of fostering a more balanced spatial distribution of the population, and the freedom of movement and increased job opportunities for all have led to greater gender equity. NPP2, aimed at promoting the growth of small and medium sized urban centres will reduce the role of the various push factors of internal migration.

Public-private partnership, as in the case of housing development and investment in the development corridors is a facilitating factor in urbanization and population distribution. On the flip side, Ministries working in silo has posed barriers to the achievement of the various policies, programmes and strategies to address issues related to urban growth and internal migration.

⁹⁸ United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

The NUP, NPP2, NHP, Malaysia Plans, Development/Structure Plans and GTP/NKRAs have all contributed toward the achievement of the ICPD objectives to enhance the management of urban agglomerations through public-private partnership. The policies and programmes on urbanization, population redistribution and migration have been reviewed and revised periodically during the preparation of the five-year development plans and the mid-term reviews to improve the standard of living of all, and in particular the disadvantaged groups.

Recommendations

- There is a need to ensure that the objectives and goals of all government policies are consistent with other development goals, policies and basic human rights.
- Conduct needs assessment of urban and rural population, and that of the migrants
- Evaluate the effects of the various policies and programmes on population distribution and internal migration.
- More coordinated and streamlined efforts, between government agencies, and in partnership with private sector and CSOs using the National Blue Ocean Strategies, in addressing issues pertaining to urbanization and internal migration.
- Provide incentives to encourage the redistribution and relocation of industries and businesses from urban to rural areas and to encourage the establishment of new businesses, industrial units and income-generating projects in rural areas.
- Strengthen capacities to respond to the pressures caused by rapid urbanization by revising and reorienting the agencies and mechanisms for urban management as necessary and ensuring the wide participation of all population groups in planning and decision-making on local development.
- Promote the development and implementation of effective environmental management strategies for urban agglomerations, giving special attention to water, waste and air management, as well as to environmentally sound energy and transport systems.
- Increase the capacity and competence of city and municipal authorities to manage urban development, to safeguard the environment, to respond to the need of all citizens.

- More efforts to promote the integration of migrants from rural areas into urban areas and to develop and improve their income-earning capability by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation, with special attention to the situation of women workers and women heads of households.
- If the 5 development corridors are to be effective in facilitating the lessening of regional economic inequalities, they need to be delineated and relevant economic, demographic and social data collected for them, as the basis for accurately identifying their potential and providing them with needed infrastructure and services in an appropriate and timely way⁹⁹.
- There is a need to make a comprehensive analysis of contemporary and likely future population change in rural areas as the basis for effective development planning. The reduction of rural-urban inequalities will require careful planning and a thorough knowledge of the dynamics of population change in rural areas¹⁰⁰.
- There is some evidence of spatial mismatches between population and job opportunities. In an overall context of labour shortage it is crucial that a greater understanding is achieved of the spatial distribution of poverty, labour and people with particular skills. This needs to be coordinated with education/training policy to ensure that maximum use is made of Malaysia's potential internal workforce. This is crucial to achieving goals not only of increased productivity but also of improved equity¹⁰¹.
- Promote research on population distribution and internal migration, with more in-depth analysis of the 2010 population census, annual Labour Force and Migration surveys, Master/Structure Plan Study, as well as primary data collection, with special attention on the problems of large cities.

⁹⁹⁻¹⁰¹ NPFDB 2012. *Second Population Strategic Plan Study, Main Report.*

SECTION 4: INTERNATIONAL MIGRATION AND DEVELOPMENT

Introduction

In 2010, out of a total population of 28.3 million in Malaysia, 2.32 million (8.2%) were foreigners, an increase of 66% over the 1.38 million (6.1%) enumerated in the 2000 population census^{102,103}. These numbers are probably under-estimates because some immigrant groups such as illegal or undocumented migrants seek to avoid enumeration. The Malaysian censuses also excluded some migrant groups such as the refugees. Moreover, census data are limited as they are conducted decennially and hence do not capture the rapid changes in the migration trends and patterns in the more recent years¹⁰⁴.

As most foreigners are in the work force, migrant workers make up more than 12 percent of the total labour force, and a much higher proportion in certain sectors of the economy. Official statistics show that the number of foreign workers more than doubled from 807,096 in 2000 to 1.87 million in 2006 and peaked at 2.12 million in March 2008¹⁰⁵. Taking into account all migrant workers including those in Sabah and Sarawak, undocumented workers estimated at 700,000^{106,107}, and expatriate and foreign skilled workers, the number of migrant worker in 2008 would be 3.1 million or 26.7 percent of the workforce. A recent World Bank report ranked Malaysia as the top 20 countries in terms of number of migrants¹⁰⁸. Although Malaysia has

¹⁰² Department of Statistics, Malaysia (2001) *Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2000*.

¹⁰³ Department of Statistics, Malaysia (2011) *Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010*.

¹⁰⁴⁻¹⁰⁵ NPFDB 2012. *Second Population Strategic Plan Study, Main Report*

¹⁰⁶ Kanapathy, V. (2008a) 'Malaysia', *Asian and Pacific Migration Journal*, 17, pp. 3-4.

¹⁰⁷ Kanapathy, V. (2008b). 'Controlling Irregular Migration: The Malaysian Experience', *ILO Asian Regional Programme on Governance of Labour Migration Working Paper No. 14*, International Labour Organization.

¹⁰⁸ Dilip Ratha, Sanket Mohapatra, Ani Silwal, 2010. *Migration and Remittance Factbook 2011*, Second Edition, World Bank.

taken several initiatives to reduce the dependency on foreign workers the reliance on foreign workers is expected to increase^{109,110}.

Data on flow of immigrants can be obtained from Department of Immigration and Foreign Workers Division, which gather annual cards which are completed by all documented arrivals in the country as well as data from the type of visa or work permit that is issued to foreigners. However, data derived from work permit do not include illegal or undocumented workers. Based on official statistics, the manufacturing sector accounts for 36.9% of a total of 1,573,061 migrant workers, followed by plantation and agriculture (28.7%), construction (14.2%), domestic services (11.7%) and services (8.4%). Workers from Indonesia make up about half of the total, followed by Nepal (16.4%), Myanmar (9.3%), Bangladesh (7.4%), India (5.6%), Vietnam (3.4%), Philippines (2.8%), Cambodia (2.3%), Pakistan (1.7%) and the remainder from other countries. 81.5% of the foreign workers are in Peninsular Malaysia, 10.9% in Sabah and 7.6% in Sarawak¹¹¹.

Up to the late 1990s, inflows of foreign workers served the country well in moving from low to middle income status. Since then, Malaysia's policies on foreign workers have become incoherent and run counter to the national objective of achieving high income status. Firms' obsession with the pursuit of short-term profits makes them focus solely on keeping costs down. This obsession makes them prefer to tap into the large pool of low cost workers available in neighboring countries, leading to excessive use of foreign labour in Malaysia¹¹². An over-dependence on low-cost unskilled foreign workers has depressed wages and hampered the move of companies to higher value-added activities, as well as contributed to the continuing outflow of local talent¹¹³.

¹⁰⁹ Azizah Kassim (2012). *Malaysia's Foreign Worker Policy: The Need for a Paradigm Shift*, National University Malaysia (UKM), Inaugural Lecture at National University Malaysia.

¹¹⁰ National Economic Advisory Council (2009). *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions*.

¹¹¹ based on statistics from Foreign Workers Division, 2012, quoted in Azizah Kassim 2012.

¹¹² National Economic Advisory Council (2009). *Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions*.

¹¹³ Department of Statistics, Malaysia (2011) *Population Distribution and Basic Demographic Characteristics*,

Foreign workers have contributed significantly to Malaysia's economic development but whose presence is increasingly seen as a challenge to national security because of the insurmountable problems they pose to the economic, socio-cultural and political spheres of Malaysian society^{114,115}. Malaysia has long recognized the significant contributions of migrant labour with regard to physical, productivity and economic development of the country. Hence, continuous cooperation with source countries has been forged to ensure that labour migration would benefit all the stakeholders involved i.e. source and receiving countries, employers, documented migrant workers and civil society (Ministry of Foreign Affairs).

While it is not possible to have a comprehensive picture of the size and composition of Malaysia's diaspora, it is estimated at more than a million people based on number of Malaysia-born living in countries¹¹⁶. Of the 784,900 around 2000 (an under estimate as data from some destination countries are not available), 303,828 (or 41 percent) were in Singapore, followed by Australia (78,858 or 10 percent), Brunei (57,343 or 7.3 percent)^{117,118}. The top destination countries are Singapore, Australia and Brunei. Both the flows are of such scale and significance that impinge upon national development. While the country has been receiving unskilled and semi skilled workers from neighboring countries and other parts of the world, it has been sending out large number of professionals and highly skilled workers. The emigration rate of tertiary educated population was estimated at 11.1 percent as at 2000, and an estimated 1,728 physicians or 9.6 percent trained in country had emigrated¹¹⁹.

Population and Housing Census of Malaysia, 2010.

¹¹⁴ National Economic Advisory Council (2009).. *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions.*

¹¹⁵ Azizah Kassim (2012). *Malaysia's Foreign Worker Policy: The Need for a Paradigm Shift*, National University Malaysia (UKM), Inaugural Lecture at National University Malaysia.

¹¹⁶ Global Migrant Origin Database.

¹¹⁷ NPFDB 2012. *Second Population Strategic Plan Study, Main Report.*

¹¹⁸ Based on Global Migrant Origin Database (2007), and World Bank Bilateral Migration matrix, Excel Dataset, November 2010, quoted in Graeme Hugo, 2011. *Malaysian Migration to Australia, Malaysian Journal of Economic Studies*, Volume 48, Number 2, p147-174.

¹¹⁹ Bhargava, Docquier and Moullan (2010). *Modeling the Effect of Physician Emigration on Human Development* (<http://www.cepr.org/meets/wkcn/2/2414/papers/Moullan.pdf>)

3.0 ICPD/PoA

The 1994 ICPD addressed the issues of international migration under three main sections: international migration and development, documented migrants and undocumented migrants

Basis for action: Many countries of the world are experiencing increasing levels of international migration, which impinges on economic and social development. Although most international migration flows occur between neighboring countries, interregional migration has been growing. Orderly international migration can have positive impacts on both the communities of origin and the communities of destination, providing the former with remittances and the latter with needed human resources. International migration also has the potential of facilitating the transfer of skills and contributing to cultural enrichment. However, international migration entails the loss of human resources for many countries of origin and may give rise to political, economic or social tensions in countries of destination. To be effective, international migration policies need to take into account the economic constraints of the receiving country, the impact of migration on the host society and its effects on countries of origin. The long-term manageability of international migration hinges on making the option to remain in one's country a viable one for all people. Sustainable economic growth with equity and development strategies consistent with this aim are a necessary means to that end. In addition, more effective use can be made of the potential contribution that expatriate nationals can make to the economic development of their countries of origin.

Objectives of ICPD

- a) To address the root causes of migration, including undocumented migration, especially those related to poverty;
- b) To encourage more cooperation and dialogue between countries of origin and countries of destination in order to maximize the benefits of migration to those concerned and increase the likelihood that migration has positive consequences for the development of both sending and receiving countries;
- c) To facilitate the reintegration process of returning migrants;

- d) To ensure the social and economic integration of documented migrants, especially of those who have acquired the right to long-term residence in the country of destination, and their equal treatment before the law;
- e) To eliminate discriminatory practices against documented migrants, especially women, children and the elderly;
- f) To ensure protection against racism, ethnocentrism and xenophobia;
- g) To promote the welfare of documented migrants and members of their families;
- h) To ensure the respect of the cultural and religious values, beliefs and practices of documented migrants, in so far as they accord with national legislation and universally recognized human rights;
- i) To take into account the special needs and circumstances of temporary migrants;
- j) To reduce substantially the number of undocumented migrants, while ensuring that those in need of international protection receive it; to prevent the exploitation of undocumented migrants and to ensure their basic human rights are protected;
- k) To prevent all international trafficking in migrants, especially for the purposes of prostitution that their basic human rights are protected

Report

This report is based on responses from EPU, MOFA and MOHR, with elaboration from official documents and published materials listed in the references. The recommendations made at the end of the report are mainly based on the survey findings, official documents and suggestions made by various researchers/experts on international migration.

4.1/ 4.2. National policy, programme and/or strategy addressing international migration and development

Malaysia has implemented various policies, programmes and strategies to address international migration and development. Most policies and programmes deal with immigration rather than emigration. Malaysia believes that the benefits of globalization process to be equally shared between migrant sending and receiving countries. In this respect, policies and measures at the

global level must meet the needs of all parties, and be formulated and implemented with effective participation from all sides (Ministry of Foreign Affairs).

Foreign workers policy – although the inflow began in the 70s, it was only in the early 80s when action was taken to adopt a policy on immigrant workers. Beginning with the signing of the Medan Agreement between Malaysia and Indonesia in 1984, a policy came into full effect only in 1992 to regulate, control and monitor the intake of foreign workers based on economic and security considerations. Subsequently, the Guidelines adopted in 1995 permitted local employers to undertake direct recruitment of foreign workers in Thailand, Bangladesh, Indonesia, the Philippines and Pakistan^{120,121}.

The objectives of the Foreign Worker Policy are i) to promote the employment of foreign workers who come in legally, and ii) to act against illegal migrants. To achieve the first objective, the policy determines the country of origin, the economic sectors that are in need of foreign labour, the period of employment (3+1+1), the responsibilities and rights of migrants and their employers; and procedures for recruitment and employment, in terms of imposition of levy, privatizing the recruitment of foreign workers (including recruitment in the country of origin), and signing MOUs with the Government of the sending countries. To achieve the second objective, measures taken include border control (Ops Nyah 1), amnesty, regularization, and arrest (Ops Nyah 2) and deportation¹²².

The present policy on employment of foreign nationals is determined by the Cabinet Committee on Foreign Workers. The policy divides foreign workers into two major categories i.e. the unskilled/semi-skilled workers and the expatriates comprising the managerial,

¹²⁰ Azizah Kassim, 2005. Cross-border Movement of Foreign Workers in Malaysia: A Comparative Analysis. *In Master Builders Journal*, 3rd Quarter, Kuala Lumpur, pp.78-91.

¹²¹⁻¹²² Azizah Kassim, 2012. *Malaysia's Foreign Worker Policy: The Need for a Paradigm Shift*, National University Malaysia (UKM), Inaugural Lecture at National University Malaysia.

professional and technical personnel. The policy also lays emphasis on stamping out illegal immigrants and irregular workers^{123,124}.

Two separate institutional structures and procedures were devised to cater for the expatriates and unskilled/semiskilled groups. The Technical Committee for the Recruitment of Foreign Workers (*Jawatankuasa Teknikal Pengambilan Pekerja Asing*) deliberates on applications from potential employers of the semi-skilled, the *Jawatankuasa Pegawai Dagang* on applications for expatriate employment. The unskilled/semi-skilled is issued with the *Pas Lawatan Kerja Sementara* (PLKS) which in essence view them as visitors who are given permission to work temporarily. The expatriates are given work passes or *pas penggajian*. The distinction is also extended to the terms and conditions of their employment and the exercise of their basic rights such as the right to be accompanied by their respective family members (dependents) while working in Malaysia. The expatriates are assured a minimum monthly pay of RM2,500 and minimum tenure of two years. In addition they are also allowed to take along their immediate family members. Even after the completion of their tenure, the elderly ones are also permitted to stay on under the Malaysia My Second Home Scheme (previously the Silver Hair Programme). No such provision is made to the unskilled/semiskilled group^{125,126}.

Foreign workers policy concentrates more on the unskilled and semi-skilled workers by establishing institutions and procedures for their legal recruitment and employment. They identify the source countries, with whom Malaysia would sign MOUs; determine the sort of jobs that can be allocated to foreigners, decide on the nature of their work contract and tenure; cost of levy, etc. The private sector, which partakes in implementing this policy, is allowed to form recruiting agencies to act as intermediaries between prospective workers and employers; and in 1997, in an attempt to ensure only healthy workers are employed; the Government

^{123, 125} Azizah Kassim, 2005. Cross-border Movement of Foreign Workers in Malaysia : A Comparative Analysis. *In Master Builders Journal*, 3rd Quarter, Kuala Lumpur, pp.78-91.

^{124, 126} Azizah Kassim, 2012. *Malaysia's Foreign Worker Policy: The Need for a Paradigm Shift*, National University Malaysia (UKM), Inaugural Lecture at National University Malaysia.

permitted the establishment of FOMEMA (Foreign Workers Medical Examination and Monitoring Agency) which is entrusted with conducting rigorous annual medical examinations on the workers^{127,128}.

Under the new levy system to regulate the entry of unskilled foreign labour, the levies will be borne by employers and not by employees. The new system will be based on three principles namely, the levy will be proportionate to the ratio of foreign to total workers, the rates will increase over time, and will vary according to the level of skills of the foreign workers¹²⁹.

While the aim of the policy remains constant, the procedures are revised from time to time in response to immediate problems, be they social, economic or political. The 1997 financial crisis saw the Government encouraging voluntary repatriation of foreign workers. In attempting to stamp out irregular workers, the Government has taken several measures which include launching regularization (Pemutihan) and amnesty (Pengampunan) exercises and to encourage voluntary repatriation. In addition it has also, since 1992, implemented two on-going programmes with the generic code name Ops Nyah 1 and Ops Nyah 2. The former is designed as a border control mechanism to stop further incursion/ clandestine entry into the country and the latter to root out illegal immigrants already in the country. In addition, the Government has also amended the Immigration Act 1957/63 and Passport Act 1966, to include higher penalty for illegal immigration; and Sections 55A, 55B, 55D and 55E which make the employment, trafficking and protection of illegal immigrants an offence; as well as the possession and production Besides the Foreign Workers Policy, Malaysia has in recent years formulated and implemented the following policies, programmes and strategies to deal with immigrants and emigrants, and these include the followings:

- **Talent Blueprint 2020** is a policy implemented by Talent Corporation (which was set up in 2011 to draw up a National Talent Blueprint and build an Expert Workforce Database).

^{127, 130} Azizah Kassim, 2005. Cross-border Movement of Foreign Workers in Malaysia : A Comparative Analysis. *In Master Builders Journal*, 3rd Quarter, Kuala Lumpur, pp.78-91.

^{128, 131} Azizah Kassim, 2012. Malaysia's Foreign Worker Policy: The Need for a Paradigm Shift, National University Malaysia (UKM), Inaugural Lecture at National University Malaysia.

¹²⁹ Economic Planning Unit, Prime Minister's Department (2010). *Tenth Malaysia Plan (2011-2015)*.

- **Returning Expert Programme** - In the 2001 Budget, the Minister of Finance announced various measures designed to enable the creation of a Malaysian world class workforce. One of the measures proposed was to encourage Malaysian Citizens with expertise in selected fields important to the nation, who are residing overseas, to return and work in Malaysia. The programme is known as the Returning Expert Programme (REP) is effective from 1 January 2001. The Programme including list of incentive is being revised from time to time. The 10th Malaysia Plan outlines that an institution would be established to synchronize REP and other similar programmes as one of the measures to achieve a developed country status. Hence, Talent Corporation Malaysia Berhad (TalentCorp) established. Since 1 January 2011, the REP has been under the purview of TalentCorp.
- **Strategies to reduce dependency on foreign workers** implemented by MOHA. The Malaysian government doubled the levy on foreign workers effective January 1996 with the aim of encouraging Malaysian employers to reduce their dependence on foreign workers.
- **The 6P Programme** consists of six stages of action, starting with the Registration, Regularization, Amnesty, Monitoring, Enforcement and Deportation. Based on the decision made by the Cabinet Committee on Foreign Workers and Illegal Immigrants (JKKPA-PATI) on 22th June 2011, the Registration programme was implemented for Illegal Immigrants beginning from 1st August 2011 until 31st August 2011.

The timeframe for the execution of those 6 Processes as follows:

Process	Date
Registration	1 August 2011- 31 August 2011
Legalization	10 October 2011 – 30 September 2012
Amnesty	1 August 2011- 10 January 2012
Monitoring	Continuous
Enforcement	20 October 2011 & continuous
Deportation	Continuous

- **Second Population Strategic Plan Study** carried out by NPFDB in 2009-2010, and plans are being formulated to implement recommended programmes and strategies by relevant ministries and departments¹³⁰.

Kanapathy¹³¹ summarized the major policy measures and their (often unintended) outcomes, as follows:

Objectives	Policy Measures and Instruments	Policy Outcomes
Control and Regulate the Inflow of Migrant Workers	<ul style="list-style-type: none"> • Establishment of recruitment agencies • Bilateral agreements • Work permit • Levy • Freeze/ban on the intake of contract migrant workers • Employment of “Malaysians First” Policy • Labour market test • Biometric Identification System 	<ul style="list-style-type: none"> • Increase in documented migrants • Severe market pressures and high cost of legal recruitment led to increasing incidence of irregular migration • Growth and development of an immigration industry • Forgery, trafficking and malpractices in enforcement • Negative externalities • Ambivalence and ambiguity in policy implementation.
Reduce Clandestine or Irregular Migrants	Registration and regularization Programmes for Irregular migrants <ul style="list-style-type: none"> • Amnesty • Security Operations code-named Ops Nyah 2 (Get Rid Operation) and Ops Nyah 2 • Enhanced legal penalties for irregular migrants and those hiring or harboring irregular migrants. 	<ul style="list-style-type: none"> • More efficient recruitment mechanism • Reduced incidence of irregular migration • Higher incidence of overstaying • High cost of policy implementation
Protect the Rights of Migrant Workers	Foreign Worker Recruitment Policy – Requirement for Contract of Employment, Provision of Similar wages and benefits as local workers. <ul style="list-style-type: none"> • Compulsory Induction Course on Local Labour Laws, Language and Customs • Anti-Trafficking in Persons Bill, 2007 	<ul style="list-style-type: none"> • . More efficient recruitment system • Better protection for workers • Greater awareness of rights amongst foreign workers

¹³⁰ NPFDB (2012). *Second Population Strategic Plan Study, Main Report*,

¹³¹ Kanapathy, V. (2008c). *Malaysia. Revised Paper after PECC-ABAC Conference on Demographic Change and International Labour Mobility in the Asia Pacific Region’: Implications for Business and Cooperation*, Seoul, Korea, 25-26 March.

4.3/4.4. Institutional entities to address issues regarding international migration and development

In Malaysia, many agencies are engaged in the recruitment, protection and management of foreign workers. The roles and functions of these agencies are described below:

- Cabinet Committee on Foreign Workers was set up in 1992 - completed its proposed law on the recruitment and protection of foreign workers in 1995, and it was finalized by the Attorney General.
- Ministry of Home Affairs (MOHA) – Manages the intake of foreign workers.
- Immigration Department – Manages entry and exit of foreign domestic workers, and issuance of visa, pass and permit to foreigners entering Malaysia. Out-sourcing companies get their licenses from Immigration Department to recruit workers. Foreign Workers Division was set up in 1997.
- RELA – Apprehends irregular migrants
- Royal Malaysian Police Department – Handles security related issues
- MOH – Handles health related issues
- FOMEMA – Handles medical examination of foreign workers
- Ministry of Human Resources (MOHR) – Handles employment and labour issues
- Labour Department - Enforces labour and labour related issues (deals with private employment agencies employment retrenchment notification, report on foreign employees engaged)
- Ministry of Foreign Affairs (MOFA)- Deals with human rights of migrant workers
- Performance Management and Delivery Unit (PEMANDU) – to monitor and track the progress made to achieve National Key Economic Areas (NKEA), many of which involve foreign workers
- Talent Corporation Malaysia (Talent Corp) was established on 1 January 2011 under the Prime Minister’s Department, as part of the Economic Transformation Plan (ETP), to formulate and facilitate initiatives to address the availability of talent in line with the needs of the country’s economic transformation. Collaborating closely with relevant Government

agencies and employers in priority economic sectors, Talent Corp develops demand-driven initiatives focused on three strategic thrusts, specifically (1) Optimize Malaysian talent, (2) Attract and Facilitate Global Talent and (3) Build Networks of Top Talent. The mission of Talentcorp is to build effective partnerships, and make a difference in addressing Malaysia's talent needs to enable the country to reach its aspiration of a high-income nation.

4.5. Addressing ICPD issues regarding international migration and development in the national context during the last five years

4.5a) Addressing the root causes of migration so migration is by choice not necessity

Migrant surveys conducted by NPFDB and University of Malaya found that migrants are attracted by better economic/job opportunities in Malaysia, due to the push (home country's economic situation, and pull factors (better economic opportunities in Malaysia).

4.5b) Protecting migrants against human rights abuses, racism, ethnocentrism and xenophobia

No policy as yet, but there is a proposal by a cabinet minister to set up a permanent Parliamentary Select Committee on Human Right Human Rights, including that of migrant workers.

4.5 c. Taking gender and age into account in formulating immigration policies

This issue was addressed under the Foreign Workers Policy described above.

4.5 d) Addressing the factors that contribute to forced internal displacement

Not applicable.

4.5e) Strengthening support for international activities to protect and assist refugees and displaced persons

Malaysia is not a signatory to the 1951 Convention relating to the Status of Refugees and the related 1967 Protocol, and thus does not recognize the status of refugees or asylum seekers. Nevertheless, Malaysia has been providing assistance on humanitarian grounds and continues to cooperate on a case-by-case basis with the UNHCR. Our record in handling the Vietnamese boat people, the Acehnese and the Bosnians is a clear testimony of our sincere commitments and efforts (MOFA).

The Government of Malaysia has established a Special Committee coordinated by the National Security Council to address cross cutting issues that arise with regard to “refugees”. Under this Committee, the Ministry of Foreign Affairs of Malaysia is given the task to act as the focal point between the Government of Malaysia and the UNHCR (MOFA).

Malaysia urges the international community to address the root causes of refugee flows in order to provide a lasting and durable solution to the problem. In this regard, Malaysia calls upon the international community to work towards ensuring that the situation in the countries of origin is favorable for the return and reintegration of refugees to back to their home country (MOFA).

Although neither a State Party to the 1951 Convention nor to the related 1967 Protocol, Malaysia continues to be affected by the influx of ‘refugees’ to the country, the number of which is estimated to be 99,000. It is important to note that the ‘UNHCR card holders’ in Malaysia enjoy freedom of movement. Moreover, they are not denied access to local healthcare facilities, where holders of the UNHCR card are able to seek medical treatment at any local healthcare institution ranging from outpatient and inpatient treatment, emergency, maternal and child healthcare services. Under this arrangement, the government has eased the burden of UNHCR card holders where the rate charged to them is 50% less than the rate

stipulated for foreigners under the Fees Act 1951 (Act 209). Vaccination for children is given free of charge (MOFA).

Malaysia hopes that the UNHCR would continue to disburse direct financial assistance for the provision of shelter, food, transportation, basic health care, education / training for children, psychosocial /counseling services as well as critical medical treatment for the UNHCR card holders (MOFA).

Malaysia is extremely concerned about reports of serious human rights abuses perpetrated against the Rohingya Muslims recently. Malaysia believes that it is crucial to take a holistic approach in addressing the Rohingya issue, including how to address Rohingya Muslims who have been displaced across the region (MOFA).

4.5f) Combat trafficking and/or smuggling of migrants

This issue is addressed under the 6- P programme described above.

4.5g) Facilitate the flow and use of remittances to support development

None

4.5h) Strengthening of dialogue and cooperation between countries of origin, transit and destination

This issue is addressed at international conferences and Government to Government meetings

4.5i) Improving disaggregated data on international migration (including forced migration) taking age, sex and other equity and vulnerability variables into account

This issue is addressed under the 6P programme described above. Disaggregated data on international migration are collected at the time of registration process. A nationwide exercise in August 2011 was launched to gather the fingerprints of hundreds of thousands of illegal immigrants under the 6P programme, which will enable only the qualified illegal foreign

workers to work in Malaysia legally for three years period of time. The fingerprints will be used to create **a biometrics database** that will enable the government to monitor its foreign worker population and combat problems such as fake identity documents.

4.6. Achievements in addressing issues related to international migration and development.

Among the issues related to international migration and development that are most relevant in the national context are the followings:

6- P programmes as described in 4.1/4.2 above

The implementation of 6-P programmes and Biometrics reduced the number of illegal workers and increased the number of legalized workers. The cooperation of employers has contributed to the successful implementation of the 6P programme. However, illegal migrants or undocumented foreign workers remain a problem, and posed a barrier in the management of foreign workers.

4.7. On a scale of 1-4, indicate to what extent the following international migration priorities are addressed in the current national context

The Government has placed high priority on most international migration priorities, except for “b. facilitating the inflows of remittances by sound economic policies and adequate banking facilities (for the sending countries), i) working towards integration of family reunification into national legislation and n) facilitating the integration of migrants, including forced migrants (MOHR).

(1)	(2)
International migration priorities	Level of priority (1=low; 2=somewhat low 3=somewhat high; 4=high)
Sending countries	
a) Address the root causes of migration and make remaining in one's country a viable option for all people.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/>
b) Facilitate inflows of remittances by sound economic policies and adequate banking facilities.	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

c) Make provisions for voluntary repatriation and safe return of migrants, including forced migrants	1 <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/>	3x <input type="checkbox"/>
d) Facilitating exchange of information on migration policies	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Facilitate the reintegration of migrants	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Creating mechanisms for promoting diaspora investments and contributions to the communities of origin	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Receiving countries			
g) Ensure the same treatment to documented migrants and members of their family accorded to nationals with regard to basic human rights	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Protect women and children who migrate as family members from abuse and denial of their human rights.	1 <input type="checkbox"/> 4x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i) Work towards integration of family reunification into national legislation	1x <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j) Prevent racist and xenophobic actions and policies.	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k) Prevent the exploitation of undocumented migrants and protect their basic human rights	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l) Prevent international trafficking in migrants; and protect them against racism, ethnocentrism and xenophobia.	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m) Making potential migrants aware of the legal conditions for entry, stay and employment in host countries	1 <input type="checkbox"/> 4x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n) Facilitate the integration of migrants, including forced migrants	1x <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o) Preventing discrimination of migrants on the basis of age, sex, race, HIV status, religion or disability	1 <input type="checkbox"/> 4x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
All countries			
p) Engaging in bilateral or multilateral negotiations on, inter alia, readmission agreements that protect the basic human rights of undocumented migrants in accordance with relevant international instruments.	1 <input type="checkbox"/> 4 x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

q) Strengthen support for international activities to protect and assist refugees and displaced persons.	1 <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/>	3x <input type="checkbox"/>
r) Provide access to health services, including sexual and reproductive health services, to migrants, IDPs and Refugees.	1 <input type="checkbox"/> 4x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
s) Support the data gathering and monitoring of stocks and flows of migrants	1 <input type="checkbox"/> 4x <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

4.8. Considering the national context, what are the most relevant issues regarding international migration and development that the country considers priority for public policy for the next five (5) to ten (10) years?

Issues regarding international migration and development that are anticipated to receive further public policy priority for the next five to ten years
a) Managing migrant labour flows to maximize growth and facilitate structural adjustment and minimize the negative consequences on economy and society, and striking a balance between the short-term and long-term needs of the economy.
b) Large number of illegal migrant workers – to be addressed under the 6-P programme.
c) Diaspora/brain drain – Talent Corporation set up to attract skilled workers and encourage return migration of Malaysian professionals, and strategies are being devised to involve the Diaspora (see recommendations section).
d) Heavy reliance on foreign workers – recognized as an issue under the NEM, and efforts are being taken to reduce such reliance, by using local human capital, and automation.
e) Emergence of various socio-economic, health security and other problems – caused by migrants – 6-P deals with this aspect.
f) Inter-governmental cooperation –Government to Government consultation and discussion.
g) Cooperation between government agencies and private sector, e.g. Malaysian Employer Federation.
h) Difficulty in collecting data on immigrants and emigrants – international collaboration needed, and promote research on international migration among the academia.
i) Changing strategies in keeping with socio-economic conditions –strategies have to be monitored, reviewed and revised from time to time to be relevant.
j) Increase in cross-border marriages, may give rise to certain issues such as the rights of spouse and children.
k) Isolated cases of abuse of foreign workers (as reported in the media). For instance, the few incidents of maid abuse by employers led the maid ban by the Government of Indonesia.

4.9. Has the country conducted an assessment/situation analysis on international migration and development at the national and/or subnational level in the last five (5) years? IF YES, cite the report(s).

- 6-P programme at both national and sub-national levels
- Second Population Strategic Plan Study at national level only (by NPFDB)
- At the sub-national level, NPFDB conducted a survey on Indonesian migrant workers and their employers in Tawau (Sabah) in 2010, and the findings were disseminated at a seminar in 2011

4.10. Civil society organizations (CSOs) whom the government has partnered with in the area of international migration and development over the past five (5) years.

Human Rights Commission of Malaysia (SUHAKAM), an advisory body without enforcement and prosecution powers has its statutory role of promoting human rights awareness, inquiring into complaints regarding infringements of human rights and advising the Government and its relevant authorities on matters pertaining to the formulation of laws and policies and their implementation to ensure consistency between the national laws and that they are in compliance with international human rights principles and norms, specifically the Universal Declarations of Human Rights 1948 (UDHR). In fulfilling its mandate, the Commission looks forward to strong and continuing support by all stakeholders, including, in particular, Members of Parliament

4.11. Private sector partners with whom the government has partnered with in the area of international migration and development over the past five (5) years.

- Malaysia Employers Federation (MEF) working with EPU, MOHA, MOHR, Pemandu and Talent Corp on research and data collection, and conducted joint activities such as workshops, lab, forum and conferences.
- Federation of Malaysian Manufacturers (FMM) with MOHR, Talent Corp, Pemandu and MOHA

- Malaysian Trade Union Congress with EPU, MOHA, Pemandu and Talent Corp
- Malaysian international chamber of commerce and industry with EPU, MOHA, Pemandu and Talent Corp

The private sector partners worked with government agencies mainly in the areas of advocacy and policy formulation, awareness raising and social mobilization.

4.12. International cooperation via the provision or receipt of financial and/or technical assistance in the area of international migration and development over the past five (5) years.

- UNDP
- The World Bank and ADB provided technical support to EPU in organizing seminar.
- The World Bank, ASEAN Secretariat and International Labour Organization (ILO) have provided financial and technical support to MOHR.

United Nations High Commissioner for Refugees (UNHCR) -UNHCR has continued to encourage the Government to become a signatory to the 1951 Refugee Convention and its 1967 Protocol and the Government has indicated that it is considering these proposals.

UNHCR has been working with Government agencies and civil society to protect refugees and assist in their welfare needs while they are seeking temporary asylum in Malaysia. It began its operations in Malaysia in 1975 when Vietnamese refugees began to arrive by boat in Malaysia and other countries in the region. From 1975 until 1996, UNHCR assisted the Malaysian government in providing protection and assistance for the Vietnamese boat people. During the 1970s and 1980s UNHCR assisted the Malaysian Government in receiving and locally settling over 50,000 Filipino Muslims from Mindanao who fled to Sabah. UNHCR also supported the Malaysian Government in locally settling several thousand Muslim Chams from Cambodia in the 1980s and several hundred Bosnian refugees in the 1990s.

Although Malaysia is not a State Party to the 1951 Convention and its Protocol Relating to the Status of Refugees, the Malaysian Government continues to cooperate with UNHCR in addressing refugee issues on humanitarian grounds. As there are currently no legislative or administrative provisions in place for dealing with the situation of asylum-seekers or refugees in the country, UNHCR conducts all activities related to the reception, registration, documentation and status determination of asylum-seekers and refugees. As part of its programme of humanitarian support for refugees, UNHCR cooperates with various partners including government agencies, Non-Governmental Organizations and volunteers to provide assistance for refugees in a variety of areas including healthcare, education, financial support for vulnerable individuals, shelter, counseling and other welfare needs¹³².

Conclusion and Recommendations

Rapid industrialization and economic progress has resulted in labour shortage in Malaysia, and this has been the main cause of the influx of migrant workers from neighboring countries and other parts of the world. Migrant workers make up almost one quarter of the work force, one of the highest in the world. Migrant workers have played an important role in Malaysia's development. As Malaysia strives to be a developed nation by 2020, the various sectors of the economy and the Development Corridors facing labour shortage will continue to attract large number of migrant workers. The contribution of foreign workers to Malaysia's development is well recognized. On the other hand, reliance on foreign workers results in various economic, social, and security problems and has put pressure on health, education, and housing facilities^{133,134}.

¹³² unhcr.org.my/About_Us-@-UNHCR_in_Malaysia.aspx

¹³³ United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

¹³⁴ United Nations Country Team Malaysia (2011). *Malaysia: Millennium Development Goals at 2010*.

The Foreign Workers Policy has remained unchanged since 1990s. However, the strategies and procedures have changed from time to time in response to immediate problems, be they social, economic or political. The involvement of many agencies in the recruitment and employment of foreign workers leads to duplication of functions and contradictions in policy implementation. Kanapathy (2008c)¹³⁵ and Halipah Esa (2010)¹³⁶ observed that the lack of policy coherence and coordination leads to ambivalence in policy implementation. There is a need to have a better understanding of the problems faced by migrant workers, their employers and the public arising from influx of foreign workers. The ICPD objectives provide a clear framework for country to work towards addressing issues concerning international migration. Clearly, much more needs to be done to meet the ICPD objectives that are of relevance, including the human rights issues and the needs of the migrants. Civil Societies Organizations such as Tenaganita work on the areas of migrant and refugee rights protection, anti-trafficking in persons and business accountability and responsibility. Their scope of work includes women, refugees, documented and undocumented migrant workers, trafficked persons, domestic workers, sex workers and people living with HIV/AIDS. They conduct empowerment programmes, protection of marginalized individuals and communities, advocacy outreach and research and development of tools for education and raising the awareness.

Malaysia has been sending out large number of skilled workers that are in shortage in Malaysia. Malaysia's Diaspora of over million is a potential resource for development that has been largely ignored to date. Programmes and strategies to attract back the skilled emigrants have rather limited success to date.

¹³⁵ Kanapathy, V. (2008c). *Malaysia. Revised Paper after PECC-ABAC Conference on Demographic Change and International Labour Mobility in the Asia Pacific Region': Implications for Business and Cooperation*, Seoul, Korea, 25-26 March.

¹³⁶ Halipah Esa (2010). *New Economic Model: How the Public Sector Fits in*, paper presented at Fifteenth Civil Service Conference on Embracing the New Economic Model: Public-Private Sector & People Synergy, Intan, 30 November -2 December 2010.

Recommendations

- Create a comprehensive database on migration statistics and promote research on international migration;
- Increase the level of cooperation with countries of origin and countries of destination (including data collection) in order to maximize the benefits of migration for all parties;
- Reduce reliance on foreign labour – integrate policies on labour force training, increasing labour force participation, especially among particular groups like women, increasing retirement age, provide better facilities and benefits to retain locals in selected sectors, and systematically phase out labour-intensive industries and increasing technological innovation with policies on migration¹³⁷;
- Strengthen policy coherence: Integrate migration policy and other policies which will be needed to increase labour productivity and meet the labour needs of a growing and changing economy. Projecting likely areas of labour shortage. There is a need to move away from a dominantly “policing” model of migration towards a “management” model which facilitates the types of migration needed, regulates it and protects both the migrants, their employers and the public¹³⁸;
- Protect rights of migrant workers – create a commission to look into violations of labour rights, such as non-payment of wages, unfair dismissal, poor working condition, exploitation, abuse and unscrupulous practices by employers, and lack of access by migrants to health care services¹³⁹;
- Reforms should begin with rationalizing the use of the levy mechanism, subjecting foreign workers to the same labour standards¹⁴⁰;
- There should be a better understanding of the needs of foreign labourers by industry and more importantly, greater emphasis on, and transparency in managing the supply of foreign workers. The number of foreign labour contracting agencies must be rationalized. Agencies

¹³⁷⁻¹³⁹ NPFDB(2012). *Second Population Strategic Plan Study, Main Report.*

¹⁴⁰ National Economic Advisory Council (2009). *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions.*

and employers which violate workers' rights must be promptly and strictly penalized. In the case of undocumented migrant labour, enforcement should focus as much on the employers as on the workers themselves. While recognizing sectoral differences, measures to manage foreign labour should include a simplified active levy system and a gradual tightening of the limits on the number of unskilled foreign workers allowed¹⁴¹;

- There is a need for a shift in focus away from a dominantly 'policing' model of migration to one which recognizes the relevance of migration for development in Malaysia and moves more toward a 'management' model which facilitates the types of migration needed, regulates it and protects both the migrants and their employers and Malaysian society;
- The effects of in-migration, and the influx of foreign workers and their families to Malaysia, on health patterns, need to be carefully monitored. Migrants, often coming from neighboring countries with less developed health systems, may bring with them diseases that can easily spread to children, such as tuberculosis and malaria. In addition, birth deliveries conducted by unskilled birth attendants run the risk increasing infant (and maternal) mortality among migrant communities. The issue of providing health services and programmes to targeted groups including migrant communities, especially in the relatively higher mortality states of Sabah and Sarawak, needs to be addressed;
- Create conditions to attract skilled workers: continue with the brain-gain programme, and create conditions to attract skilled workers by paying competitive wages (NPFDB);
- Diaspora policy – encourage return migrants, encourage the diaspora to invest in development related activity in Malaysia, develop "knowledge network" with Malaysian in business and research positions in foreign nations to encourage knowledge transfer; and
- Develop a programme for encouraging key skilled Malaysian overseas to hold joint positions in Malaysia which involve visits and working with counterparts in Malaysia, and using Malaysian connections overseas as bridgeheads for Malaysian expatriates and trade.

¹⁴¹ National Economic Advisory Council (2009). *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions..*

SECTION 5: FAMILY, WELLBEING OF INDIVIDUALS AND SOCIETIES

Introduction

Economic progress and social change have brought about significant changes in the family structure. Extended families have become progressively less common, decreasing from 28 per cent in 1980 to 20 per cent in 2000. The proportion of nuclear families had increased from 55 to 65 per cent during the same period. In 2000, close to one in 10 households were either single member households or unrelated member households. Despite the significant progress made by Malaysian women in education and salaried employment, female headed households made up only 13.9 per cent of total households in 2000, down from 18.5 per cent in 1991. In 2000, nine in 10 male household heads were married, while more than half of the female household heads were widowed or divorced/separated. Among female household heads, the proportion never married had increased substantially from 13 per cent in 1991 to 19 per cent in 2000. This suggests that more and more young women opt to stay single and remain independent to pursue their career aspirations¹⁴².

Traditionally, women are responsible in carrying out household chores and as the main care providers for the young, the sick and the aged. As more and more women are engaged in the modern sector economy, they have to cope with their multiple roles or by getting help from other family members, domestic helpers, neighbors etc. The 2004 MPFS survey found that nearly one third of the working women took care of their own young children. A little more than one third reported that family members took care of their young children while they were at work. Neighbors and childcare centres were the other care providers¹⁴³. With the shift from the informal to the formal sector, maternal roles and work has become increasingly incompatible, resulting in the low female labour force participation rate.

¹⁴² Jamilah Ariffin and Tey Nai Peng (2008) "Malaysia" in *Social Services Policies and Family Wellbeing in the Asian and Pacific Region*, Asia Pacific Population and Social Studies, Series No. 165, UN ESCAP.

¹⁴³ NPFDB, (2009). *2004 Malaysian Population and Family Survey Report*.

Marriage marks the beginning of family formation. Co-habitation remains rare in the country. Childbearing outside of wedlock is not culturally and socially acceptable. Hence, delayed marriage and non-marriage as well as marital instability would have great impact on the family institution. In the past, non-marriage and delayed marriage were the exception rather than the rule. However, rapid socio-economic development and modernization have brought about significant changes in nuptial relations. Age at first marriage and non-marriage has been rising steadily for all sub-groups of the population. In each age group, the proportion never married has been increasing over the years. Consequent upon rising educational level and increased female labour force participation in the modern sector of the economy, teenage marriage has become very rare. The proportion of men and women entering marriage at ages below 25 years has been decreasing very rapidly. There has also been significant increase in the proportion never married among older men and women, signifying the demise of universal marriage. Among women aged 30-34, non-marriage had increased from 6 per cent in 1970 to 13 per cent in 2000, while that of the men had also doubled from 12 per cent to 24 per cent. The singulate mean age at first marriage among Malaysian men and women had increased from 25.5 and 22.0 years in 1970 to 28.0 and 25.7 years respectively in 2010^{144,145}.

Responding to demographic and social changes, the Government of Malaysia has formulated and implemented policies and programmes aimed at improving the wellbeing of individuals and families. These policies and programmes have been incorporated in the Outline Perspective Plans (for a period of 10 years) and the five-year Malaysia Plans.

¹⁴⁴ Tey Nai Peng (2007). 'Trends in Delayed and Non-marriage in Peninsular Malaysia', *Asia Population Studies*. Volume 3, Number 3, November 2007, Routledge Taylor & Francis Group.

¹⁴⁵ Department of Statistics, Malaysia (2011) *Population Distribution and Basic Demographic Characteristics, Population and Housing Census of Malaysia, 2010*.

5.0 ICPD/PoA Basis for Action and Objectives

Basis for action

The family is the basic unit of society and as such is entitled to receive comprehensive protection and support. The process of rapid demographic and socio-economic change throughout the world has influenced patterns of family formation and family life, generating considerable change in family composition and structure. Traditional notions of gender-based division of parental and domestic functions and participation in the paid labour force do not reflect current realities and aspirations, as more and more women in all parts of the world take up paid employment outside the home. At the same time, widespread migration, forced shifts of population caused by violent conflicts and wars, urbanization, poverty, natural disasters and other causes of displacement have placed greater strains on the family, since assistance from extended family support networks is often no longer available. Parents are often more dependent on assistance from third parties than they used to be in order to reconcile work and family responsibilities. This is particularly the case when policies and programmes that affect the family ignore the existing diversity of family forms, or are insufficiently sensitive to the needs and rights of women and children.

There are increasing numbers of vulnerable families, including single-parent families headed by women, poor families with elderly members or those with disabilities, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women.

The **objectives** of ICPD in addressing issues affecting families, wellbeing of individuals and societies are as follows:

- (a) To develop policies and laws that better support the family, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent households;

- (b) To establish social security measures that address the social, cultural and economic factors behind the increasing costs of child-rearing;
- (c) To promote equality of opportunity for family members, especially the rights of women and children in the family.
- (d) To ensure that all social and economic development policies are fully responsive to the diverse and changing needs and to the rights of families and their individual members, and provide necessary support and protection, particularly to the most vulnerable families and the most vulnerable family members.

Report

5.1/5.2 National policy, programme and/or strategy in addressing the needs of the family and the wellbeing of individuals

Policies

While the National Family Policy was adopted only in 2010, Malaysia has implemented many policies and programmes that affect the family directly or indirectly. Most of these policies and programmes are population responsive to meet the changing needs of the people and to improve their wellbeing. However, a few of these are also population influencing, as in the case of the national family programme which sought to lower the fertility rate at the initial stage. The various policies and programmes addressing the needs of the families and the wellbeing of individuals and society are described in this section.

Vision 2020 - a long policy framework formulated in 1991 as a forward looking development strategy to strive towards making Malaysia an industrialized nation by the year 2020. Aimed at balancing economic growth and human development, this vision recognizes that PEOPLE are the centre of development and the critical element of this Vision is to produce citizens of good character embedded with appropriate balance of suitable knowledge and skills and the inculcation of positive and morale values, ethics and innovativeness. Vision 2020 outlined nine strategic challenges, two of which require active participation of the family institution as follows:

- the challenge of establishing a fully moral and ethical society whose citizens are strong in religious and spiritual values and imbued with the highest ethical standards
- the challenge of establishing a fully caring society and a caring culture, a social system in which society will come before self, in which the welfare of the people will revolve not around the state or the individual but around a *strong and resilient family system*.

(Source: <http://www.wawasan2020.com/vision/p2.html>)

Family Planning Policy^{146,147}

The family planning policy guidelines were established in 1966 and revised periodically, with the latest drafted in 2012. An Advisory Coordinating Committee on Reproductive Health (previously known as Central Coordinating Committee on Family Planning) was set up with members from National Population and Family Development Board (NPFDB, previously National Family Planning Board), Ministry of Health (MOH), Federation of Reproductive Health Associations Malaysia (FRHAM, previously Federation of Family Planning Associations Malaysia-FFPAM), Ministry of Youth and Sports, Ministry of Education and other relevant agencies. The Committee plans and monitors the RH including family planning programmes. The programme thrust and activities (under the earlier FP policy) are as follows:

- Provision of family planning services through multi-sectoral approach by the implementing agencies with NPFDB as the coordinator;
- Delivery of family planning services through a cafeteria system and delivered by the medical and support staff, based on the health/family aspects and voluntary participation;
- Provision of counseling and specialized expertise services (genetic counseling, infertility treatment) to improve the quality of family planning services in the country;
- Integration of family planning/population education into the formal and non-formal education system;

¹⁴⁶ Noor Laily, A., B. A. Tan, O. Ramli and L. C. Kuan. 1982. *Facts and Figures: Malaysia National Population and Family Development Programme*. Kuala Lumpur: National Family Planning Board.

¹⁴⁷ Tey Nai Peng, 2007. The Family Planning Programme in Malaysia in Warren Robinson and John Ross (eds.), *The Emergence of Family Planning Programmes in the Developing World*. World Bank.

- Provision of family planning services in the social development programmes to provide opportunities to improve the social-economic status of women, on the premise that the upgrading of educational and employment opportunities for women could indirectly reduce infertility rates;
- Carrying out programmes and support activities aimed to improve the quality of life, including health aspects, welfare, and activities to promote and improve women's status; and
- Encouraging and promoting medical research, biological, socio-economic and cultural patterns associated with maternity and fertility on population growth and the impact on the overall socio-economic development.

National Family Policy (NFP) – Formulated and adopted in 2010, and implemented by the National Population and Family Development Board (under the Ministry of Women, Family and Community Development- MWCFD) in partnership with other Ministries/Departments and NGOs. This policy seeks to prioritize family perspective in all socio-economic development efforts to ensure quality generation. The goal of this policy is to develop prosperous, healthy and resilient families to ensure social stability. The National Family Policy is a key policy that focuses on aspects of family well-being and development, providing direction for the development of family-friendly services and programmes for nurturing healthy and resilient families in line with the aspirations of Vision 2020. The implementation of the NFP will be undertaken by all stakeholders to ensure the development of quality human capital imbued with exemplary values.

The eight key principles of NFP are:

- Each family has its own inherent strengths and is responsible for the survival of future generations;
- Families are responsible for nurturing and internalization of positive family values;
- Diverse family structures create differing needs;
- Intimacy, culture of sharing resources and mutual responsibilities ensure family well-being;

- Knowledge and information as the basis for family well-being ((K-Family));
- Family-friendly legislation, policies and programmes;
- Family members have the basic right to protection and self-dignity; and
- Employer’s commitment to ensure family well-being.

Three core strategic thrusts of the NFP are:-

- Increase the commitment and involvement of various stakeholders to prioritize the “family perspective” in all socio-economic development efforts;
- Ensure that laws, policies, procedures and enforcement of laws and regulations prioritize the family perspective; and
- Ensure that programmes, services and family-friendly facilities are accessible.

To realize the goal of the NFP, the following six strategies have been identified:

- Research and development on family well-being;
- Advocacy to prioritize family well-being;
- Training and life-long education for human capital development and family well-being;
- Provision of Resources and Conducive Environment for Family Empowerment;
- Consultation and Strategic Partnerships with various Government Agencies, Private Sector, Non-Government Organizations, Institutions of Higher Learning and the Community; and
- Monitoring and Evaluation

(Source: http://www.lppkn.gov.my/en/index.php?option=com_content&view=article&id=114&Itemid=551)

Reproductive Health and Social Education (RHSE) Policy (2011) - This policy is led by NPFDB, and targets all segments of society, with the following objectives:

- (i) raising the awareness of the community about the importance of reproductive health and social education;

- (ii) developing skills and reproductive health and social education expertise among the members of the community;
- (iii) increase research and development to improve the reproductive health and social education; and
- (iv) improve the effectiveness of health and social education.

To achieve the above objectives, strategies have been formulated based on the four main aspects:

- Advocacy -reduce sensitivity and misconceptions about reproductive health and social education through the provision of specific supports programmes for parents, family members, keepers, teachers, health personnel, carers and community; and to create and increase cooperation multi sector in reproductive health and social education.
- Human Capital Development -developing human capital trained in reproductive health and social education.
- Research and Development - Implement and enhance research and development of reproductive health and social education; and Increase accessibility to all relevant resources in the reproductive health and social education field.
- Monitoring and Evaluation - Establish mechanisms for coordination, monitoring and evaluation for the implementation of reproductive health and social education

(Source: http://www.lppkn.gov.my/en/index.php?option=com_content&view=article&id=118&Itemid=548)

In 2011, NPFDB incorporated RHSE into National Service training curriculum, and initiated discussion with schools to introduce RHSE for primary and secondary school students. The RHSE, ie the PEKERTI in schools has been introduced as a pilot for the year 6 (post UPSR) and form 3 (post PMR) in 2012. Under the **1Malaysia Youth Empowerment and Support (1M YES)** initiative, appointed Universities Ambassadors or volunteers will be trained in PEKERTI modules (inclusive on family development) before they conduct programmes in the communities.

To lay a strong foundation for adolescents/young persons under this policy, NPFDB conducted modular training in partnership with NGO/National Service, Ministry of Education and Universities, using the modules “I’m in control” for sex education for young people and parents (with different editions), and “Living Skills”. Young people-friendly centres, Kafe@TEEN were established in several states to provide adolescent psychosexual development programmes.

Malaysian Dietary Guidelines (2010), implemented by the MOH, targeting at Malaysians over 2 years of age. It is intended for use primarily by nutritionists, dieticians, health care educators or providers and policy makers. It is to be used for development of educational materials, in designing and implementing nutrition related programmes including national food policies, nutrition education and information programmes.

(Source: <http://www.nutriweb.org.my/downloads/Executive%20summary.pdf>)

Programmes

National Family Planning Programme^{148,149}

Although the programme thrust of the National Family Planning Programme has been shifted from contraceptive service delivery to family development and reproductive health, contraceptive services continue to be provided by the Ministry of Health, the National Population and Family Development Board, in partnership with the Federation of Reproductive Health Association Malaysia (FRHAM, formerly known as FFPAM) to allow couples to space childbearing and have the number of children they want, and to reduce unmet need for contraception (an MDG goal), and unwanted births. FRHAM provides family planning information and counseling to young people under its youth program. Contraceptive methods, in particular the condom are available in medical stores, and sundry shops.

¹⁴⁸ Noor Laily, A., B. A. Tan, O. Ramli and L. C. Kuan. 1982. *Facts and Figures: Malaysia National Population and Family Development Programme*. Kuala Lumpur: National Family Planning Board.

¹⁴⁹ Tey Nai Peng, 2007. The Family Planning Programme in Malaysia in Warren Robinson and John Ross (eds.), *The Emergence of Family Planning Programmes in the Developing World*. World Bank.

Family First' Program: 'Semakin Hari Semakin Sayang' was launched in 2002, with NPFDB as the lead agency, based on 10 principles:

- Love - Express the love and understanding of emotional needs in unwavering;
- Happy with the family - Spend time with beautiful and intelligent spark romance;
- Effective Communication -Interact and communicate with the active and effective;
- Family values- Nurture and enrich family values;
- Good parenting - Carry responsibility together and become a good example;
- Balance career and family - Balancing attention and focus towards career and family;
- Safety and health- Providing comfortable accommodation and environment, safety and practice a healthy lifestyle;
- Economic family - Plan and manage resources wisely to meet the needs of life;
- Education and Skills -Obtain education and lifelong skills; and.
- Family friendly policies - Prioritize family in programme planning and service for the family.

The MWFCDD disseminated the message through media campaigns, and programmes on "Family First: Bring Your Heart" at the grass-root level through the woman leaders and NGOs. Family First Concept was developed through the programmes and activities as follows:

- Formulation of the National Family Policy and Action Plans;
- Implementation of parenting programmes in the workplace (Parenting@Work) in public and private sectors to help career parents balance family life and work;
- Developing and implementing SMARTSTART package, a simple and comprehensive reference to those who are getting married, the newly-weds and couples married less than 5 years to prepare them for marriage life and family;
- Providing incentives to employers to set up TASKA / child-care centres to help working parents with a subsidy of RM180.00 to parents earning below RM3, 000.00 a month.

(Source:<http://www.lppkn.gov.my/guest/index.php/pencapaian-piagam-pelanggan-lppkn?id=92>)

1Malaysia Family First (1MF1st)

The **1Malaysia Family First (1MF1st)** is one of the initiatives under the **National Blue Ocean Strategy (NBOS)**, in recognition of the integral role the family plays in nation building and development. NBOS is an innovative and creative measure/strategy aimed at enhancing public sector services programme delivery, by encouraging the participation of the public, private and people (PPP) for national development. The collaboration and commitment will lead to high impact achievement, low cost and rapid execution in all government activities which emphasizes People First, Performance Now. The 1MF1st movement will be implemented under the ambit of the National Family Policy. The programmes and policies will be implemented through 3 key focus areas:

1. Family perspective commitment
2. Review policies and laws to be more family friendly
3. Accessibility to family friendly services

Recognizing that the family is the bedrock of society and its important role in national development, the Government in 2012 declared November as the National Family Month, to replace the National Family Day celebrated on 11 November since 1990. Any private company that organizes family activities for their employees during the National Family Month will be given tax exemption for the expenditure. Furthermore, to ensure a balance between work and family life, the Government has also launched **1Malaysia Youth Empowerment and Support (1M YES)** for young families under the NBOS initiative, with the aim of empowering youth to take part in nation building and concurrently supporting them in early family life, through the expansion of family and marriage counseling in government activity centres such as 1Malaysia Family Centre, Urban Transformation Centre (UTC) and Rural Transformation Centre (RTC), to reach out to the masses. Through this initiative, MWFCD has also collaborated with the Prison Department to provide family counseling to the parolees and their families at five rehabilitation centres.

(Source: NPFDB and http://www.jkm.gov.my/images/stories/pdf/1mff_faq.pdf)

Poverty Eradication Programme (described in section 1 of this report) is also relevant for this section.

Strategies

Family support services - Various family friendly initiatives are implemented by NPFDB:

- Family perspective in all socio-economic development plans
- Formulation of a Population Plan of Action
- Work Life Balance Initiatives that include:
 - 90 days paid maternity leave
 - 7 days paternity leave
 - Paid compassionate leave
 - Flexi working hours/working arrangement
 - Crèche at the workplace
 - Subsidies for childcare
 - Tax deductions

Starting 1 October 2012, the government will enforce the Part-Time Work Regulations under the Employment Act 1955, which will ensure certain benefits to part-time workers. The regulations aimed at ensuring that the rights and protection for part-time workers in terms of employment were clearer and comprehensive. The regulations comprised, among others, the formula to determine salary as well as contributions to the Employees Provident Fund (EPF) and Social Security Organization (SOCSO). The regulations would benefit about 6.5 million latent work force in the country that were willing to work part-time, including housewives, single mothers, retirees, people with disabilities and students. The regulations were approved to help employers hire part-time workers, besides encouraging them to give priority to local workers.

The new regulations could prevent any disputes between the employer and the workers pertaining to part-time work. Hence, it is hoped that housewives, especially those with tertiary education, would benefit from the government's move to enforce the regulations. Civil servants

could also benefit from the regulations, especially if they wished to do a part-time job after their official working hours.

The 90 days maternity leave applies to workers in the civil service. A woman has a maximum of 300 days maternity leave, which she can utilize during her service with the government. The woman has the flexibility of taking 60-90 days for each delivery (total max of 300 days). Maternity leave starts on the date of delivery but she can take leave earlier within 14 days before the expected due date.

To strengthen the family institutions, NPFDB implements the following family support services:

- SMARTSTART programme (pre-marriage courses) with modular training, in partnership with NGOs and religious bodies
- Marriage and parenting counseling/courses
- Parenting@work programme, with modular training for workers in the government sector and private sector, in partnership with NGOs.
- LPPKN@komuniti (Home visit for family planning to reduce unmet need for contraception and RHSE and parenting skills in the communities)
- POPkomuniti (for data collection and provide information on the services that are available)
- SMARTbelanja@LPPKN (providing advice on finance)
- Support groups (for single mothers, elderly, adolescents, community, people with Disability)
- Child care and development centre (0-4 years)

Family Development Module of Higher Education Institutions (2011)

NPFDB has taken new initiatives to provide training on family development to university students by collaborating with institutions of higher learning, in line with its objectives to instill in youths the value of healthy life style, being ethical and responsible and to prepare them to face the challenges in life. The training module used for this programme is a combination of existing modules which include Permata Kasih Module, Junior Exploration, SMARTbelanja,

SMARTSTART, Bahtera Kasih, Belaian Kasih, Mutiara Kasih and Pop Community. Through this programme, family development courses will be offered as a co-curriculum in institutions of higher learning, with the aim of producing graduates with skills on family development to enable them to contribute to society, especially in promoting positive values and combating social ills. This module has been renamed as PEKERTI and will be used in the training of the universities ambassadors or volunteers before they implement programmes in the communities.

5.3/5.4. Institutional entities to address issues regarding the needs of the family and the wellbeing of individuals

The Ministry of Women, Family and Community Development (MWFCD) was officially established on January 17, 2001 as the Ministry of Women's Affairs, to solely focus on the development of women. The scope of the Ministry was widened to include family development and the name was changed to the Ministry of Women and Family Development on February 15, 2001. In 2004, the scope was further widened to include social welfare and development and the Ministry adopted its current name on March 27, 2004.

The departments/agencies under the MWFCD are:

- **National Population and Family Development Board** – NPFDB, (previously known as National Family Planning Board before changing to the current name in 1984) was established in 1966 to improve the reproductive health status of women and men and encourage family planning. It has since evolved to include policy and advisory roles by assisting planners and programme managers to integrate population and family development into sectoral development programme planning as well as facilitate policy makers to consider population and family development factors in the formulation of national development policies and strategies
- **Department for Women's Development** - In 1983 the **Secretariat for Women's Affairs** (HAWA) in the Prime Minister's Department was established to take over the tasks of the NACIWID Secretariat. From 1997, HAWA functioned as a department under the former

Ministry of National Unity and Social Development. In 2001, the Department was placed under the then newly established KPWKM and restructured as the Department for Women's Development (DWD). By 2002, the DWD had set up branch offices in every state in Malaysia.

- **Social Welfare Department** - Initially set up in 1946 as the Community Welfare Department of Malaya, the Social Welfare Department (SWD) has evolved in fulfilling its role in national development. From initially being involved in mitigating the social problems brought about by the immediate post-war period, the role and functions of this department have expanded to cover prevention and rehabilitation services in social issues as well as community development.
- **Social Institute of Malaysia** - The Social Institute of Malaysia was set up to promote professional and semi-professional training in the field of training and research as well as social education to all social workers from various levels and groups from within and outside the country including non-governmental organizations.
- **Yayasan Pembangunan Keluarga Terengganu** - a foundation for family development established in 1986.
- **Yayasan Pembangunan Keluarga Darul Takzim** - a foundation for family development, established in 1997.

The Family Health Development Division under the Ministry of Health – responsible for all programmes, strategies and services ranging from pre-pregnancy care until elderly health (antenatal, intrapartum, postpartum, newborn & child health, adolescent, adult health, persons with special needs).

Community Development Department (KEMAS) - under the Ministry of Rural and Regional Development, with the following objectives:

1. Making the rural community competent, competitive and self-reliant;
2. Strengthening the socio-emotional, physical, intellectual and spiritual wellbeing, and helping children under the age of 6 to master the basic skills of 3M.

5.5. Addressing the needs of the family and the wellbeing of individuals in the national context during the last five years.

5.5a Increasing efforts to ensure health, education and welfare services function collaboratively and effectively

This issue was addressed by MOH's programme on "Effective Family Planning for High Risk Women and Wider range of Contraceptives in its facilities. Additional budget was allocated to implement this programme, and its implementation is on schedule.

5.5b) Facilitating compatibility between labour force participation and parental responsibilities

This issue was addressed by NPFDB's programme on "Work-life balance" under the Family First Programme and 1Malaysia Family First Programme. Additional budget was allocated to implement this programme, and its implementation is on schedule. Besides NPFDB, the Community Development Department of the MRRD also conducted courses on parenting.

5.5c) Providing financial and social protection schemes to single mothers

The Department of Social Welfare (DoSW) of the MWFCDC provides financial assistance to single mothers, who are identified as target group for assistance under the Poverty Eradication Programme, and also the NKRA on improving living standard of living in poverty households under the GTP. Single mothers whose income is below RM3000 a month also received RM500 in cash under the BR1M programme discussed in section 5.5i below.

5.5d) Developing the capacity to monitor the impact of policies on the wellbeing of families

The Ministry of Health conducted the National Health and Morbidity Surveys in 1986, 1996 and 2006 to monitor the impact of policies on the wellbeing of the families, particularly from health perspectives. Reports for the surveys were published and disseminated for information and policy making. The Minister of Health has suggested that the survey should be conducted once in four years.

(Source: <http://www.malaysiandigest.com/android/23204-liow-national-health-and-morbidity-surveys-to-be-published-every-four-years.html>)

As a follow-up to the First Population Strategic Plan Study conducted in 1992, NPFDB conducted the Second Population Strategic Plan Study in 2009, focusing on the following issues:

- Fertility decline and long-term population growth objectives
- Internal migration and urbanization
- International migration and diaspora
- Reproductive health
- Family and gender issues
- Ageing issues and social protection
- Health
- Education and human capital
- Demographic data

The report for this study is being disseminated for policy making. Many of the recommendations for the present report are taken from the Second Population Strategic Plan Study.

NPFDB has been conducting training for government officers to equip them with the skills to carry out demographic research and analysis.

National and international seminars/conferences have been convened regularly to discuss the various aspects of families and wellbeing of individuals and society, focusing on specific issues such as youth in development, ageing and social protection, women in development, migration and gender based violence.

5.5e) Providing effective assistance to families and the individuals within them who are affected by specific problems

NPFDB provides counseling and family education in their 1-Stop family centre, and counseling sessions to individuals and families with various problems. These are on-going activities with a budget allocation.

5.5f) Preventing children’s abuse and neglect and provide assistance to children victims of abuse, neglect or abandonment, including orphans.

NPFDB – Same as 5.5e above

MOH provides guidelines for hospital management of child abuse and neglect, since 2009. Budget was allocated for the preparation of the training module for sexual and reproductive health, and the implementation is on schedule.

5.5g) Assisting families caring for family members with disabilities, and family members living with HIV

MOH is implementing the National Strategic Plan (2012-2015) to increase access and availability of care, and implementing support and social mitigation programmes for people living with HIV and those affected. An annual budget of RM5.35 million was allocated for this strategic plan implementation. The concrete measures taken include training of carers for people with disability. MOH also carried out with Smart Partnership Programme with other government agencies.

5.5h) Ensuring good quality early childhood care and education for working families, including extended day programs.

Counseling and family education, ilmukeluarga@LPPKN (includes KASIH Package (parenting skills), SMARTbelanja@LPPKN) - implemented by NPFDB. This is an on-going programme, being evaluated annually.

5.5i) Supporting and assisting vulnerable families (very poor, victims of humanitarian crisis, drought, etc)

In meeting the NKRA objectives of the GTP, the Government provided a one-off cash assistance of RM500 to all households with a monthly income of RM3, 000 and below, costing RM1.8 billion to benefit 3.4 million households in the 2012 annual budget. A second round of RM500 cash aid (BR1M) handouts to underprivileged households (with combined monthly income of

RM3, 000 and below) under Malaysia Budget 2013. Besides, the government also provides subsidy on essential items such as petrol, cooking oil, sugar and rice.

5.5j) Supporting educational programmes concerning parental roles, parental skills and child development

This issue is being addressed by the provision of family education by NPFDB and partner agencies including NGOs. The programme consisted of ilmukeluarga@LPPKN with Parenting@work designs for career parents and most of the time being conducted at the workplace an on-going programme.

5.5 k) Others

NPFDB conducts family and RH education for young people and their parents through Kafe@TEEN and Youth Development Programme (Programme Pembangunan Remaja -PKRS). This is an on-going programme, and it is evaluated annually.

5.6. Achievements in addressing issues related to the needs of families and the wellbeing of individuals.

To deal with the social problem of rising divorce rate, the MWFCM introduces pre-marriage course using SMARTSTART module to prepare couples in marriage and family management skills and strengthened the family counseling services. Smart partnership with NGOs is a facilitating factor in addressing issues related to the needs of families and wellbeing of individuals, but shortage of counselors is a barrier. In addressing the shortage of counselors, a panel of counselors have been appointed.

5.7 Does the country provide special support (monetary or in kind) through social protection programmes/schemes to disadvantaged families and individuals?

As in 5.5i) above

5.8. Relevant issues regarding the family and the wellbeing of individuals that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

- Work life balance – especially for women who have to play multiple roles. Many women stop working due to incompatibility of maternal role and work, (as reflected by the relatively low female labour force participation rate of about 46 per cent). Hence, there is a need to provide childcare facilities, and a need for men to share the household chore and caring of family members, to enable more women to continue working. Many middle class families in urban areas employ foreign domestic helpers to do household chores and take care of family members while the women go out to work. Family Wellbeing Index Study¹⁵⁰ has identified that families scored low (6.71 out of 10) for ‘work-family balance’ under the domain ‘Family Relationship’.
- Single parent family – the trend in increasing divorce rate will result in the rising number of single parent families. Moreover, widowhood will continue to affect women more than men due to spousal differentials in age and life expectancy. Single parents will continue to be a target group for various forms of assistance.
- Low income - low income families are finding it more and more difficult to cope with the rising cost of living, especially on the high cost of food items and health care. Taking cognizance of the need of low income families, the Government included two NKRA, namely i) raising the living standard of low-income households and ii) addressing cost of living under the Government Transformation Programme. The overall score for the domain ‘Family Economy’ of Family Wellbeing Index Study¹⁵¹ was low (6.9 of the scale 10), with families scoring 6.14 for ‘savings for the future’.
- Population ageing - The proportion of population aged 60 and above will increase to 15% in 2030, and this translate to more than 5 million persons. There is a need to provide for geriatric care, long term care and the escalating cost of health care for the large number of older people. In promoting active and promoting ageing from the development approach, a

¹⁵⁰⁻¹⁵¹ NPFDB, 2011. *Family Wellbeing Index (FWI) Study*, National Population and Family Development Board, Kuala Lumpur.

more flexible employment structure is needed to encourage and facilitate older people to continue working, if they choose to do so.

- Family support – in the care of the young and old, and in times of financial crisis.

5.9. Assessment/situation analysis on the family, its needs and composition / structure at the national and/or subnational level in the last five (5) years.

At the national level only:

Malaysia Population and Family Survey (MPFS) conducted by NPFDB in 1984, 1994, 2004, with the next survey scheduled in 2014. Other related surveys include the 1966 West Malaysia Family Survey, 1974 Malaysian Fertility and Family Survey, 1976 Malaysian Family Life Survey, 1988 Malaysian Family Life Survey II (1988, both by Rand Corporation in collaboration with Department of Statistics and NPFDB), 1991/1992 Population and Family Surveys in Sabah and Sarawak. The MPFS data are used for policy and programme formulation and evaluated, and widely used by researchers and students from institutions of higher learning to advance the knowledge on the various aspects of Malaysian families such as marriage, childbearing, care of family members, contraceptive use and women's work.

Second Population Strategic Plan Study – a follow-up of a similar study conducted in 1992.

Same as 5.5 d above.

Family Wellbeing Index Study conducted in 2011 by NPFDB revealed a score of 7.55 (scale of 10). Seven domains and 23 indicators were measured to assess the wellbeing of the families. The findings will be used for policies and programmes formulation or enhancement.

5.10. Name up to three (3) civil society organizations (CSOs) whom the government has partnered with in the area of the family and the wellbeing of individuals over the past five (5) years.

(1)	(2)	(3)	(4)	(5)
Name of the CSO	Type of CSO	Name of the Government unit which partnered with the CSO	Area of CSO involvement	Activities conducted
a) (FRHAM)	1) National NGO	NPFDB	Awareness Raising and social mobilization; Education and training	Workshops/ Seminars, meetings, family planning services and information
b) Focus on the Family	International NGO	NPFDB	Awareness Raising and social mobilization; Education and training	Workshops/seminar/sharing modules
c) Persatuan Pengasih Malaysia	National NGO	DoWS	Awareness Raising and social mobilization; Education and training	Meetings

5.11. Name up to three (3) private sector partners with whom the government has partnered with in the area of the family and the well-being of individuals over the past five (5) years.

(1)	(2)	(3)	(4)
Name private sector partner	Name of the Government unit which partnered with the private sector	Area of involvement	Activities conducted
PETRONAS	NPFDB	4) Awareness Raising and social mobilization 6) Education and training	
b) MYDIN	NPFDB	4) Awareness Raising and social mobilization 6) Education and training	
7 condom manufacturers through the Malaysian Rubber Export Promotion Council	NPFDB	Donated 1 million pieces of condom worth 1 million ringgit (USD314,267)	Celebrating World Population Day "One Million Actions" programme
c) Exxon-Mobil	NPFDB	4) Awareness Raising and social mobilization 6) Education and training	

Through the "One Million Actions" programme, seven condom manufacturers have donated one million condoms worth a total of 1 million ringgit (US\$314,267) through the Malaysian Rubber Export Promotion Council to the LPPKN.

5.12. Name up to three (3) examples where the government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area of the needs of the family and wellbeing of individuals over the past five (5) years.

(1) Name of country and government unit providing international cooperation	(2) Name of the country and government unit receiving international cooperation	(3) Type of international cooperation	(4) Activities conducted
UNFPA	NPFDB	1) Financial 2) Technical	Sharing of reference materials, publications, meetings
WHO	MOH	Technical	Sharing of reference materials, publications, meetings
World Family Organization	NPFDB	2) Technical	Sharing of reference materials, publications

Conclusion and Recommendations

The Government of Malaysia has implemented many policies, programmes and strategies to address issues related to family, and the wellbeing of individuals and societies, targeting at specific groups such as the Poverty Eradication Programme and one of the NKRA's under the GTP for the poor, the National Women Policy for women, and Youth Development Policy and Adolescent Reproductive Health Policy and Reproductive Health and Social Education Policy for the young people, the National Policy for Older People for senior citizens, and recently the National Family Policy targeting at all families in the country. The family development programmes have been implemented to strengthen the family institutions and the various

health programmes are implemented to improve the health status of all Malaysians. The NGOs have played an important role in addressing issues affecting the families, wellbeing of individuals and societies. The consultative approach and partnership with NGOs have proven to be effective.

Malaysia was awarded the UN ECOSOC/WFO Family Award in 2011 and UN Population award in 2007 in recognition of the commitment to the implementation of public policies by the Ministry, in particular NPFDB, for the benefit of women and families and strengthening regional cooperation to improve educational outcomes.

Recommendations on family (Second Population Strategic Plan Study, National Population and Family Development Board)

- Develop policies and programmes that promote (or reduce the barriers) to marriage and childbearing and that will enable men and women to combine work and family responsibilities;
- Take new approaches to provision of better childcare facilities; develop community based childcare centres, workplace-based centres, and enhance private sector role in childcare. Consider childcare subsidy to working mothers;
- Develop policies and programmes that better support and strengthen families of different types, particularly single parents, and those who are poor, disabled or otherwise vulnerable;
- Build and strengthen informal support networks, partnerships with NGOs and community groups to promote participation in the care and support of family members;
- Promote more effective household financial planning and budgeting;
- Assist families to meet the basic necessities of daily life, provide assistance to the unemployed and the retrenched workers;
- Develop the concept of families as partners with Government, and the sharing of responsibility between Government and families in providing for the wellbeing of Malaysia's population;

- Review and evaluate the National Family Policy to ensure effective implementation of the recommended programmes and strategies;
- Upscale the successful pilot programmes such as Kafe@TEEN;
- More collaboration among government agencies and partnership with civil societies including the private sector (CSR), using the National Blue Ocean Strategies; and
- Involve all stake holders in policy formulation and programme implementation.
- Develop mechanisms to document changes and undertake studies on family composition and structure, especially on the prevalence of one-person households, and single-parent and multigenerational families.

Recommendations from the Family Wellbeing Index (FWI) Study¹⁵²

Policies

- Family wellbeing index as input for national planning and development
- Family wellbeing index as an alternative to measure the success of Government's programmes (besides GDP/GNI)
- Formulation family-friendly policies and review of policies that are not family friendly to facilitate work-life balance especially among the young families

Research and development

- A specific agency to continuously test, evaluate and enhance the family wellbeing indicators
- Conduct FWI periodically (2-3 years)

¹⁵² NPFDB, (2011). *Family Wellbeing Index (FWI) Study*, National Population and Family Development Board, Kuala Lumpur.

Programmes to enhance the family wellbeing:

- To continue the existing national programmes to uplift the living standard of the low and middle income households and to enhance the skills in family financial management
- Inculcate and internalization of religious, spiritual and core values as these could be the protective factors for the families in maintaining wellbeing
- Empowerment of communities as catalyst for family support system
- Strengthening the family relationship, specifically the family resilience and functioning
- Encourage healthy life style

SECTION 6: REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH AND HEALTH, MORBIDITY AND MORTALITY

This chapter is especially guided by the principles contained in chapter II and in particular the introductory paragraphs.

Reproductive rights and reproductive health

Basis for action

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies 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. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of

sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behavior; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

The implementation of the present Programme of Action is to be guided by the above comprehensive definition of reproductive health, which includes sexual health.

Objectives

The objectives are:

- (a) To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;
- (b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of

fertility which are not against the law and to have the information, education and means to do so;

(c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

Actions

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.

Reproductive health-care programmes should be designed to serve the needs of women, including adolescents, and must involve women in the leadership, planning, decision-making, management, implementation, organization and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system.

Innovative programmes must be developed to make information, counseling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases. Programmes must reach men in their workplaces, at home and where they gather for recreation. Boys and adolescents, with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate. Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases, including AIDS, should be promoted and made accessible with adequate information and counseling.

Governments should promote much greater community participation in reproductive health-care services by decentralizing the management of public health programmes and by forming partnerships in cooperation with local non-governmental organizations and private health-care providers. All types of non-governmental organizations, including local women's groups, trade unions, cooperatives, youth programmes and religious groups, should be encouraged to become involved in the promotion of better reproductive health.

Without jeopardizing international support for programmes in developing countries, the international community should, upon request, give consideration to the training, technical assistance, short-term contraceptive supply needs and the needs of the countries in transition from centrally managed to market economies, where reproductive health is poor and in some cases deteriorating. Those countries, at the same time, must themselves give higher priority to reproductive health services, including a comprehensive range of contraceptive means, and must address their current reliance on abortion for fertility regulation by meeting the need of women in those countries for better information and more choices on an urgent basis.

Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be particularly sensitive to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

REPORT

Introduction

The ICPD Programme of Action defines Reproductive Health as “a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to health-care services that will enable women to go safely through pregnancy and childbirth. Reproductive health care also includes sexual health, the purpose of which is the enhancement of life and personal relations.”

The attainment of an optimal state of reproductive health is dependent on the enjoyment of reproductive rights, which “rests on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Full attention should be given to promoting mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.”

All countries are called upon to strive to make reproductive health accessible through the primary health-care system to all individuals of appropriate age as soon as possible and no later than 2015. Such care should include, inter alia: family planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and treatment of infertility; abortion as specified in paragraph 8.25; treatment of reproductive tract infections, sexually transmitted diseases (STDs) and other reproductive health conditions; and information, education and counseling on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.

Since Independence in 1957, the Malaysian people have enjoyed an increasingly better quality of life with the country's continuing socio-economic advancements. It is classified by the World Bank as an upper-middle-income South-East Asian country, with the Gross Domestic Product (GDP) growth of 5 to 5.5%. The gross national income per capita was RM 26,175¹⁵³ in 2010 and it was estimated that 3.8% of the population (or 228,000 households) live below the national poverty line¹⁵⁴.

In view of economic progress that has been achieved over the past twenty years, the changes in the demographic profile for the period has also progressed favorably with significant declines in mortality and fertility (stood at 2.2¹⁵⁵) and longer life expectancy [males (71.9 years), females

¹⁵³ Department of Statistics, Malaysia (2012). *The Malaysian Economy In Brief*.

¹⁵⁴⁻¹⁵⁵ United Nations Country Team, Malaysia (2011). *The Millennium Development Goals at 2010*.

(77.0 years)]¹⁵⁶. Although most areas of the health sector have shown great improvements, more recent reviews, including the 2010 MDG Report and the ICPD Third Country Report of Malaysia: NGO Perspectives noted that the progress in maternal health, morbidity and mortality as well as contraceptive prevalence rates have either slowed down or stagnated since the nineties. The maternal mortality ratio in 1997 was 44 maternal deaths per 100,000 live births and the rate fell substantially in the mid-1990s to reach 29.1 by 1997. Since then the progress has been slow, and the rate registered at 27.3 in 2010¹⁵⁷. The contraceptive prevalence rate has stagnated at about 50% over the Malaysian Population and Family Surveys of 1984, 1994 and 2004. Unmet need for family planning, especially for women with lower education remains high and is increasing, resulting in unplanned pregnancies and unwanted births.

On the other hand, the emergence of the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic that lead to high morbidity and mortality remain a “critical pervasive threat” to the country. The total cumulative reported cases in Malaysia as of December 2011 stood at 94,841 HIV positive cases, 17,686 AIDS cases and 14,986 AIDS deaths¹⁵⁸. While Malaysia is classified as a country with a concentrated epidemic among the most at risk population such as injecting drug users (IDUs), men who have sex with men (MSM) and sex workers, HIV positive women who were infected through sexual transmission and unprotected sexual contact is increasing. In 2011, a total of 9,494 women and girls were reported to have been infected, with two thirds of them between 20-39 years of age, 86% through heterosexual transmission and 40% were housewives¹⁵⁹. The ratio of male to female infection is increasing from 99:1 in 1990 to 10:1 in 2000 to 4:1 in 2011.

¹⁵⁶ Department of Statistics, Malaysia. *Abridged Life Tables, Malaysia, 2008 – 2010*.

¹⁵⁷ Department of Statistics, Malaysia. *Vital Statistics 2010, Malaysia*.

¹⁵⁸⁻¹⁵⁹ Ministry of Health, Malaysia (2012). *Global AIDS Response Progress Report 2012 – Malaysia*.

6.1/6.2 National policy, programme and/or strategy addressing sexual and reproductive health and reproductive rights

A. National Policy

i. Population and Family Development Act of 1966 (revised 1988)

The Malaysian Government officially started to address the issue of family planning with the establishment of the National Population and Family Development Board under the Population and Family Development Act of 1966 (revised 1988)¹⁶⁰. Prior to 1966, family planning services in Malaysia were provided by the various state Family Planning Associations (currently known as Federation of Reproductive Health Associations, Malaysia), who collectively formed the Federation of Family Planning Associations, Malaysia in 1958 and whose services were largely confined to large urban centres.

The Population and Family Development Act of 1966 defines the first power, function and duty of the Board as “to formulate policies (and methods) relating to family planning” and it was translated into a national guideline called “*POLISI PERANCANG KELUARGA KEBANGSAAN*” (National Family Planning Policy). The National Family Planning Policy is used as a guide for the implementation and coordination of national family planning programmes. The policy is found on the principle of voluntary choice in family planning, delivery of contraceptive services through cafeteria system by trained medical or health personnel. The policy is aimed at increasing the quality of life and socio-economic status of women and to reduce the fertility rate indirectly. It should be noted that the other components of sexual and reproductive health as defined in the ICPD POA were not included in this policy. The National Family Planning Policy was adopted by the Family Health Development Division, Ministry of Health with the integration of family planning services in maternal and child health programmes in the early 1970s.

¹⁶⁰ The Commissioner of Law Revision, Malaysia (2006). *Population and Family Development Act 1966 (revised 1988)*.

ii. National Policy on Reproductive Health and Social Education (2009)

In order to keep abreast of new and emergent issues in the areas of sexual and reproductive health and rights (SRHR), the National Policy on Reproductive Health and Social Education was developed and launched by Ministry of Women, Family and Community Development in 2009¹⁶¹. The National Policy on Reproductive Health and Social Education was designed to increase the knowledge on sexual and reproductive health among Malaysians and encourage them to have positive attitudes towards reproductive health and social services. According to a statements made by the Secretary General, Ministry of Women, Family and Community Development at the 44th Session of the Commission on Population and Development in April 2011 the policy will “further pave the way for more accessible reproductive, sexual and social health information and services for in-school, out-of-school and most at risk youths. Information and skills on adolescent sexual and reproductive health (ASRH) would also be integrated into the National Service Programme curriculum which covers more than 100,000 school leavers each year”¹⁶². The policy is applicable to all Malaysians, regardless their age, it is aimed at:

- Increasing awareness about the importance of reproductive health and social education among the community members;
- Providing education and skills on reproductive health among community members;
- Improving reproductive health and social education system through research and development
- Improving the effectiveness of the implementation of reproductive health and social education.

¹⁶¹ Ministry of Women, Family and Community Development. (2009). *National Policy on Reproductive Health and Social Education*.

¹⁶² Ministry of Women, Family and Community Development (2011). *Statement at the 44th Session of the Commission on Population and Development, April, 2011*.

Four strategies that in line with the objectives of the policy were developed and they include:

- Advocacy – to reduce the sensitivity and misconception of reproductive health and social education and strengthen the multi-sector cooperation among the community
- Human resources development – to train more people in the field of reproductive health and social education
- Research and development – to implement and increase the research and development of reproductive health and social education
- Monitoring and evaluation – to monitor and evaluate reproductive health and social education programmes.

iii. National Adolescent Health Policy (2001)

The National Adolescent Health Policy was launched in 2001 to encourage and ensure the development of adolescents in realizing their own responsibilities for health¹⁶³. The policy also aimed to empower adolescents with the appropriate knowledge and assertive skills to enable them to practice health-promoting behavior through their active participation. The objectives of the policy included the following:

- to support the development of resilient adolescents through promotion of health and responsible living,
- to prevent the health consequences of risky behavior through promotion of wellness and provision of appropriate health care services and
- to promote active adolescent participation in health promotion and preventive activities.

iv. The National Adolescent Health, Plan of Action, 2006 -2020

The National Adolescent Health, Plan of Action, 2006 -2020 was developed by the Ministry of Health in 2006 with seven strategies and five priority areas. The strategies cover the following areas¹⁶⁴:

- health promotion,

¹⁶³ Ministry of Health. (2001). *National Adolescent Health Policy*.

¹⁶⁴ Ministry of Health (2007). *National Adolescent Health. Plan of Action. 2006—2020*. Kuala Lumpur.

- access to appropriate health services
- human resource development
- adolescent health information system
- research and development
- strategic alliances and legislation

The priorities areas include:

- nutritional health
- sexual and reproductive health (SRH)
- mental health
- high-risk behaviors and
- physical health

B. Programme and Strategies

i. Maternal and Child Health Programme

Health Programmes for maternal and child health (MCH) in Malaysia began as far back as 1923, with the introduction of legislation for the control of practice of midwifery and the training of midwives in the Straits Settlements and subsequently in the other states of the Malay Peninsular¹⁶⁵. Upon independence in 1957, Maternal and Child Health (MCH) services was regarded as an essential component of the National Rural Health Development Programme. In 1970s, the concept of an integrated multi-agency approach was introduced and various projects such as the applied food and nutrition programme, school health program, and integration of family planning were integrated into MCH services.

Various specific strategies under the maternal and child health programmes have been used at all levels of health care to the better management of mothers and infants at risk, which include the following:

¹⁶⁵ The Commissioner of Law Revision, Malaysia. *Midwives Act 1996 (Act 436)*.

- Improve access to, and quality of care of maternal health services, including family planning, by expanding health care facilities in rural and urban areas;
- Invest in upgrading of essential obstetric care in district hospitals, with a focus on emergency obstetric care services;
- Streamline and improve the efficiency of referral and feedback systems to prevent delay in service delivery;
- Increase in the professional skills of trained delivery attendants to manage pregnancy and delivery complication;
- Implement a monitoring system with periodic reviews of the system investigation, including reporting of maternal deaths through a confidential enquiry system; and
- Work closely with communities to remove social and cultural constraints and improve acceptability of modern maternal health services.

ii. National Family Planning Programme

The Family Planning Programmes and services in Malaysia are mainly provided through the Ministry of Health's facilities, National Population and Family Development Board (NPFDB) facilities, Federation of Reproductive Health Associations, Malaysia (FRHAM) clinics and private general practitioners of private hospitals. The National Family Planning Programme was introduced in conjunction with the First Malaysia Plan in 1966 with the establishment of National Family Planning Board (now known as National Population and Family Development Board). The Board was established to plan, execute and coordinate all family planning activities in the country but over time other SRH components such as education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care, prevention and treatment of infertility, treatment of reproductive tract infections, sexually transmitted diseases (STDs) and other reproductive health conditions; screening for female cancers and management of minor gynaecological problems and information, education and counseling on human sexuality, reproductive health and responsible parenthood, were integrated as part of the SRH programmes in these three main agencies and culminated in a comprehensive family health development programme of Ministry of Health in 1996. An

Advisory Coordinating Committee on Reproductive Health (ACCRH) (which replaces the Central Coordinating Committees on Family Planning) coordinates monitors and evaluates the implementation of the National Reproductive Health Programmes. The committee consists of NPFDB, MOH, FRHAM, Youth and Sports Ministry, MOE and other relevant agencies, whereby, being presided alternately by NPFDB and MOH.

iii. Sexual and Reproductive Health Programme for Adolescent and Young People

In order to address the SRH needs of adolescents and young people, school-based sexual and reproductive health education has been implemented as Family and Health Education (FHE) and has been taught to secondary school students since 1989 and to primary school students since 1994. The FHE curriculum has been incorporated into the examinable subjects such as biology, science, moral and religion and non-examinable subjects such as physical education. The approach to integration of FHE is mostly content based by providing information related to reproductive health and has always emphasized moral values that suit the Malaysian societal values (culture and religion).

In 2011, the FHE curriculum was revised and renamed as “Reproductive Health and Social Education” (or PEKERTI - Pendidikan Kesihatan Reproduktif dan Sosial di Sekolah). The new curriculum includes topics ranging from personal hygiene, sexuality education to life skills such as self-respect and negotiation skills. It is proposed to teach for 30 minutes a week in primary schools and 40 minutes twice a month in secondary schools and only teachers who have undergone training sessions are eligible to teach this subject in order to ensure the effectiveness of the teaching and learning process. The PEKERTI programme is still in the planning stage and yet to be implemented in all schools in Malaysia. However, the PEKERTI programmes have been piloted for Year 6 and Form 3 students. A total of 67 teachers had undergone training in September 2012 and an estimated 1,360 students were expected to benefit from the programme. In addition, the Reproductive Health and Social Education have also been introduced to National Service trainees (3 months national service training

programmes for young people aged 18 years old or completed Secondary School Form 5) since January 2011. Until May 2012, 105,662 NS trainees had been exposed to sex education

On the other hand, agencies such as NPFDB and FRHAM also have a series of educational programmes to address adolescent sexual and reproductive health. Campaigns and training workshops, especially training workshops for peer educators and young people are conducted by these agencies from time to time. The training of NPFDB's youth programme is usually conducted as part of the secondary school co-curriculum activities by using a module called "I'm in Control". The module was developed in the past 5 years and consisted of three components, including information on reproductive health such as sexuality, responsibilities, unintended pregnancies, HIV and STIs, abortion and abandoned babies, techniques/skills to avoid pre-marital sex and information on safe sex and emphasized of abstinence. Apart from that, NPFDB has also started kafe@TEEN (youth centre) to deal with youth sexual and reproductive health. It provides a space for young people to discuss sexuality and social issues with the doctors, nurses or counselors through "Teen Talk" or "Teen Chat" sessions. Currently, there is a total of 6 Kafe@TEEN located in different states throughout the country.

The FRHAM, has always advocated for all adolescents and young people to be made aware of their sexual and reproductive health needs and rights so that they are empowered to make informed choices and act on them by using peer to peer approach. More innovative approaches have also been designed for education on sexual and reproductive health by FRHAM such as the electronic version of the Reproductive Health of Adolescents Module (e-RHAM). In addition, with funding from UNFPA the organization also reached out to disadvantaged youths in juvenile homes run by the Department of Social Welfare to provide them with SRH and HIV prevention information through peer education.

6.3 National policy, programme and or strategy addressing sexual and reproductive health and reproductive rights include the following HIV prevention, treatment, care and support issues

A WHO/UNFPA funded study on HIV and SRH linkages in Malaysia in 2010 showed that there is no explicitly promulgated HIV, SRH or HIV and SRH linked Policy in Malaysia, but most of the key agencies in the health sector such as Ministry of Health (MOH), National Population and Family Development Board (NPFDB), Malaysian AIDS Council (MAC) and the Federation of Reproductive Health Associations, Malaysia (FRHAM), have well publicized instruments such as strategy plan, framework or guidelines defining actions on HIV and SRH that seem to reflect policy¹⁶⁶. However, none of these documents addressed on SRH and HIV linkages directly. Despite not having linked HIV and SRH Policy, the study found that various types of programmes and services currently implemented by these organizations in Malaysia were already HIV and SRH linked to some extent.

HIV-related services such as VCT within family planning programmes, BCC on HIV within SRH services and STI and HIV prevention services are available at MOH and FRHAM's clinics. Services such as PMTCT within maternal health services and HIV treatment for people living with HIV are mainly delivered by hospitals and primary healthcare centres of MOH. However none of the NPFDB clinics not offer any HIV or linked HIV/SRH services.

6.4/6.5 Institutional entities to address issues regarding sexual and reproductive health and reproductive rights

The Malaysian Government has reiterated that it is committed to the full implementation of the ICPD POA. It has been the practice of the Malaysian Government to operationalize international agreements within the framework of the country's development plans. The goals, targets and activities pertaining to the ICPD recommendations and other related goals are integrated in the country's 5-year development plans and annual programming exercises, the preparation of

¹⁶⁶ WPRO and UNFPA Malaysia (2010). *Study on HIV and Sexual and Reproductive Health Linkages in Malaysia*.

which is coordinated by the Economic Planning Unit, Prime Minister's Department. The Ministry of Women, Family and Community Development (MWFCD), and its component agencies – National Population and Family Development Board (NPFDB) and Women's Development Department, have the primary responsibilities to monitor and coordinate the implementation of the ICPD POA and the Beijing Platform for Action respectively. Inter-ministerial committees ensure inclusion and monitoring of programmes for related goals on health, education etc.

i. National Population and Family Development Board

The National Population and Family Development Board are recognized as an institutional entity to address issues regarding sexual and reproductive health and reproductive rights. The agency is aimed to contribute towards the development of quality population through strengthening and improvement of family well-being. The objectives of NPFDB are included the following:

1. To assist policy makers, planners and programme managers integrate population and family development factors in the formulation of policies and sectoral development planning.
2. To develop standardized training packages in the field of population, family development and reproductive health.
3. To assist implementing agencies manage parenting education and skill development trainings.
4. To enhance the awareness, knowledge and practice of positive family values.
5. To enhance male and female reproductive health status.

The Director-General of the NPFDB is the country representative to the United Nations Commission on Population and Development to present the country's progress, achievements and challenges in the implementation of the ICPD.

ii. Advisory and Coordinating Committee on Reproductive Health (ACCRH)

The Advisory and Coordinating Committee on Reproductive Health (ACCRH) was set up by the National Population and Family Development Board in 2001 to monitor the implementation of reproductive health activities as contained in the ICPD PoA. The members of ACCRH comprises of members from various government agencies such as Ministry of Health, Education, Human Resources and Youth and Sports, religious department such as Department of Islamic Development (JAKIM) and NGOs, which include the Federation of Reproductive Health Associations, Malaysia and Malaysian AIDS Council. The committee meeting is scheduled twice a year to plan, discuss, coordinate and monitor the progress of national family planning and reproductive health programmes.

6.6 Addressing ICPD issues regarding sexual and reproductive health and reproductive rights in the national context during the last five (5) years

a. Increasing women's accessibility to information and counseling on sexual and reproductive health

Information, Education and Communication (IEC) programme and counseling are available and where education materials such as pamphlets and modules are used by the main agencies such as MOH, NPFDB and FRHAM to increase women's accessibility to reproductive health issues. In addition, information on SRH is also disseminated through the internet such as website and social network (facebook, twitter, etc). The Ministry of Health has developed a website, MyHealth Portal (<http://www.myhealth.gov.my/v2/>) and RH information such as pregnancy, family planning, menopause, vaginal discharge, STI, cancer, etc are available. Both NPFDB and MOH they were satisfied with the overall progress of implementation of this issue as it is on schedule.

b. Increasing women's access to comprehensive sexual and reproductive health services, regardless of marital status and age

The overall progress of implementation of this issue, both National Population and Family Development Board (NPFDB) and Ministry of Health (MOH) reported that it is on schedule. In fact, Malaysia's maternal mortality of less than 30 per 100,000 live births is quite remarkable considering it was around 44 per 100,000 at the beginning of the ICPD. Safe deliveries (attended to by a skill health personnel) were recorded for 97.6% of all deliveries in 2008¹⁶⁷.

Sexual and reproductive health including family planning services are easily accessible and affordable in the country; at subsidized rates from the Federation of Reproductive Health Associations, Malaysia (FRHAM) and NPFDB clinics and fee-for-services from the network of pharmacies, clinics and hospitals in the private sector, all of which are located mainly in the metropolitan areas and major towns. The MOH's health centres and polyclinics normally do not charge any fees for services and supplies, but surgical services like sterilizations and insertion of the intra-uterine devices are more difficult to obtain where there are no regular doctor services. Hence clients usually have to seek the services at private centres for a fee.

The quality of the services are monitored and maintained with introduction of guidelines and monitoring system. Guidelines such as WHO Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations for Contraceptive Use, Management of breast cancer and cervical cancer are developed and referred by MOH in the recent years. Monitoring system with periodic reviews of the system investigation such as the Confidential Enquiry into Maternal Deaths that was introduced in 1991 is used to identify avoidable and unavoidable factors that contributed to each and every reported maternal death.

¹⁶⁷ United Nations Country Team, Malaysia, (2011). *The Millennium Development Goals at 2010*.

c. Increasing indigenous people’s and cultural minorities’ access to comprehensive sexual and reproductive health services, regardless of marital status and age, including access to contraception

Special Health Unit including SRH services has been developed and provided by Ministry of Health for more than 300,000 Indigenous people (*Orang Asli*) who are either located near the villages of in the very remote interior through land, water or air mobile units. In addition, FRHAM also complements the MOH’s provision of family planning and reproductive health information and services for indigenous people by delivering the services to the indigenous people in remote areas through it state member associations in Kelantan.

d. Increasing access of persons with disability to comprehensive sexual and reproductive health services, regardless of marital status and age, including access to contraception

In an effort to bring their services to the most in need populations the NPFDB uses mobile clinics (*Pusat Keluarga Bergerak LPPKN 1Malaysia*) that travels to low-income communities in remote rural areas as well as to persons with disabilities (PWDs). Working together with the department of Social Welfare, the “*Nur@Rumah*” as it is called provides SRH information and services such as family counseling, family planning, breast examination, Pap smear, blood pressure, blood tests, subsidized mammograms programmes and HIV prevention information to PWDs and low income families who were receiving financial assistance from the Department of Social Welfare and reached through home visits.

e. Increasing men’s access to sexual and reproductive health information, counseling, and services

Andrology services including male infertility, prostate disease, testicular tumors, sexual dysfunction and sexually transmitted diseases and andropause services are available at MOH, NPFDB and FRHAM’s health clinics. Men who need the services can seek for advice and assessment in these health facilities. A Clinical Practice Guide in Erectile Dysfunction was developed by the Malaysian Urological Association and the Malaysian Erectile Dysfunction

Advisory Council & Training (MEDACT) in 2000. The guideline was also adopted by the Academy of Medicine of Malaysia and Ministry of Health as a reference document.

f. Provision of adequate food and nutrition to pregnant women (including nutrition supplementation)

Nutritional management of pregnant women includes nutritional assessment, monitoring as well as supplements including full cream milk is provided by Ministry of Health through its maternal and child health programmes throughout the countries. All pregnant women are prescribed prophylactic oral iron and folic acid supplements together with vitamin B complex and vitamin C and if the haemoglobin level ranges between 10-11 g/dL, oral treatment is indicated.

g. Referrals to essential and comprehensive emergency obstetric care (EmOC)

Majority of the Malaysian women deliver in institutional setting such as hospitals, maternity homes and clinics. Safe deliveries in all states increased from 74.2% in 1990 to 97.6% in 2008¹⁶⁸. Those pregnant women with high risk of pregnancy complication (assigned red and yellow color codes) during prenatal assessment will usually be referred to state hospitals. Strategies developed in obstetrics and perinatal services in hospitals include day care services, birthing centres, high dependency wards, obstetric Red Alert System and combined clinics to manage cases with medical problems and provide comprehensive emergency obstetric care (EmOC). MOH has also upgraded the essential obstetric care in district hospitals, with a focus on emergency obstetric care services. In addition, teleconferencing between specialists and medical officers at district hospitals without specialist in the management of emergency cases has also been introduced and implemented in some hospitals.

¹⁶⁸ United Nations Country Team, Malaysia, (2011). *The Millennium Development Goals at 2010*.

h. Access to antenatal care

Antenatal care is freely available in all MOH clinics. Free antenatal tests such as blood tests, HIV testing, supplement and immunization are provided for the pregnant women. High risk pregnant women (assigned red and yellow color codes) are closely monitored for safe deliveries. The antenatal first-visit coverage has increased from 78% in 1990 to 94.4% in 2007¹⁶⁹.

i. Increasing access to comprehensive sexual and reproductive health services for adolescents

Policies such as Reproductive Health and Social Education and National Adolescent Health, Plan of Action, 2006 -2020 have been developed to promote health and responsible living and increase access to comprehensive SRH services for adolescents and young people.

The Adolescent Health Unit was established as an expanded scope of the Maternal and Child Health Programme by the Ministry of Health, Malaysia in 1996¹⁷⁰. Adolescent health care services such as health promotion, screening for health-risk behaviors including behaviors that contribute to injuries and violence; alcohol or other drug use; tobacco use; sexual and reproductive health; unhealthy dietary behaviors; and physical inactivity, counseling, and referred to hospitals or other agencies for further management are included in 642 health clinics of the Ministry of Health. In addition, adolescent and young people in Malaysia also can access SRH services at the Kafe@TEEN centres that set up by the NPFDB and the youth centres of FRHAM throughout Malaysia.

MOH believe that most of their service providers had been trained to be sensitive to the needs of young people and they are able to deliver the services in a non-judgmental manner as a total of 124 trainings sessions on adolescent health care and counseling were conducted in 2009 at

¹⁶⁹ United Nations Country Team, Malaysia (2011). *The Millennium Development Goals at 2010*.

¹⁷⁰ Ministry of Health, Malaysia (2008). *Malaysia's Health 2008*.

national, state and district levels involving 1,520 healthcare providers (doctors and paramedics).

Furthermore, FRHAM and its state Member Associations also reach out to young people from marginalized communities such as young drug users, sex workers, transsexuals, MSM and youths with disabilities and provide them with comprehensive youth-friendly SRH services including HIV and AIDS. There is also an initiation by UNICEF Malaysia in developing the plan of action in tackling the sensitive issue of sexual and reproductive health for children and adolescent with disabilities. The training module *“Live Life Stay Safe”* has been drafted and the training programme has been conducted for some 30 professionals of the Ministry of Health, Ministry of Education and the Department of Social Welfare to enable them to better serve the SRH needs of children and adolescents with disabilities.

j. Providing social protection and medical support for adolescent pregnant women

A rehabilitation centre, *“Taman Seri Puteri”* was established by Department of Social Welfare, under the provision of Children Act 2001 to rehabilitate specifically girls below the age of 18 years old who were pregnant or engaged in sex work. The centre provides informal education such as religious education, vocational training, counseling and recreational activities.

“Sekolah Harapan” or school of hope was started in Melaka in an effort to prevent baby dumping. The school and its hostel provide a safe haven for pregnant teenagers to go through their pregnancy without interrupting their studies.

There are also many other NGO run homes for unwed mothers and even one *“Kem Modal Insan Kewaja”* that was so over crowded that it was recently raided by the Department of Welfare services. The mushrooming of such homes without proper registration with the Social Welfare Department is a reflection of the demand for such centres for adolescent pregnant girls.

It must be noted that married pregnant adolescents do not face the stigma that their unmarried counterparts do and therefore receive all the health services accorded to all pregnant women through the health system.

k. Increasing access to STI/HIV prevention, treatment and care services for vulnerable population groups and populations at risk

The National Strategic Plan on HIV and AIDS 2011 – 2015 has clearly stated that *“The HIV and AIDS response will be based on evidence and prioritize interventions among most at risk populations (MARPs) and will also include other populations made vulnerable to HIV infection due to risk behaviors and environment”* and identified *“Improving the quality and coverage of prevention programmes among most at risk and vulnerable populations”* as one of main strategies of the NSP. As such,

HIV prevention efforts in 2011 – 2015 will focus on addressing the three primary prongs of HIV transmission in Malaysia, namely the sharing of needles and syringes through injecting drug use, unprotected sexual intercourse, amongst most at risk and vulnerable populations and advocacy amongst the most-at-risk youth populations. VCT, STI and SRH linked services will be improved and strengthened among the vulnerable or key populations.

l. Increasing access to voluntary and confidential HIV testing

“Improving the quality and coverage of testing and treatment” is identified as one of the key strategy The National Strategic Plan on HIV and AIDS 2011 – 2015. The Malaysian government will ensure adequate number and training of healthcare workers to deliver VCT and improve coverage and early access to and quality of HIV testing.

HIV testing and diagnosis in Malaysia takes place predominantly through government and private health facilities, where free services are provided in government clinics with some level of counseling available. On the other hand, free Voluntary Counseling and Testing are also available through selected non-government organizations (NGOs) such as PT Foundation (PTF)

and FRHAM (certain clinics). It should be noted that HIV screening is also routinely done for blood donors, pregnant women, IDUs, residents in drug rehabilitation centres, prisoners serving custodial sentences, individuals diagnosed with tuberculosis or a sexually transmissible infection (STI), individuals named as a contact of somebody with confirmed HIV infection, and patients with a clinical presentation suggestive of an HIV-related diagnosis and pre-marital HIV testing is required for all Muslim couples before marriage.

m. Eliminating mother-to-child transmission of HIV and treatment for improving the life expectancy of HIV-positive mothers

The Prevention of Mother to Child Transmission (PMTCT) programme in government healthcare facilities that introduced since 1998 will be continued as stated in the National Strategic Plan on HIV and AIDS 2011 – 2015 in order to eliminate vertical transmission by 2015. Services such as screening, treatment, care and support will be provided for pregnant women with HIV and their partners/ spouses.

Key Activities proposed by the NSP included:

- Maintain the provision of quality, comprehensive national PPTCT services, in line with the WHO recommended four pronged strategy, to reach pregnant women, their partners and their infants, including most at risk populations.
- Strengthen community awareness of HIV to increase enrolment in the PMTCT programme and other related antenatal, family planning, sexual and reproductive health, voluntary confidential counseling and testing services, particularly among most at risk populations.
- Ensure all HIV-infected pregnant women and their HIV-exposed infants under the PMTCT programme receive ARV treatment/ prophylaxis and breastfeeding education to reduce mother to child transmission of HIV.
- Ensure the availability of PMTCT in all ANC facilities including private health care facilities

n. Integration of SRH and HIV services

Despite the fact that there is no explicitly promulgated HIV, SRH or HIV/SRH Policy in Malaysia, the linked HIV and SRH programmes and services are provided by the Ministry of Health coordinated by the Family Medicine Specialists, the state member-associations of the FRHAM and a few partner organizations of Malaysian AIDS Council up to some extent. Basic SRH services are linked with HIV-related services such as HIV counseling and testing, psycho-social support for and by PLHIV, HIV prevention information and services for general population and key populations not forgetting condom provision and PMTCT.

In the National Strategic Plan on HIV and AIDS 2011 – 2015, provision of sexual reproductive health (SRH) education and other essential SRH services, especially for key populations and intimate partners is also recognized as one of the key activities for prevention of HIV transmission through unprotected sex.

o. Breast cancer screening and treatment

The Ministry of Health has been promoting Breast Self Examination (BSE) and annual breast examination by trained health workers as part of breast cancer awareness campaign since 1995. Screening targets women attending the women's wellness clinics, maternal and child health clinics and lately also offered to women attending the outpatient clinics in the MOH facilities. For women who are aged 40 and above, breast cancer screening through mammogram is encouraged. Mammogram is done free of charge in government facilities for those who are high risk. Mammography screenings are also available in the private centres for any women including those who are not high risks and may cost between RM 100 to RM 120. To further promote greater awareness among women to undergo mammogram screening for early detection of breast cancer, the Ministry of Women, Family and Community Development (MWFCDD) in the year 2007 provide a RM50 subsidy for every mammogram done in private clinics and hospitals registered with the National Population and Family Development Board Malaysia (NPFDB). For women identified as high risk or identified with breast cancer, they will

be appropriately managed according to age and other factors, based on the existing MOH Clinical Practice Guidelines on the Management of Breast Cancer.

p. Prevention and management of the consequences of unsafe abortion

Data on abortion are very scanty in Malaysia and efforts to collect data have been shrouded with non response from relevant individuals (almost all of whom are trained medical personnel). Data on unsafe abortion is even more illusive. The only available information was one study by Hematram Y (2006) which reported that unsafe abortion in Malaysia accounts for one in 5 deaths of mothers over the ten years previous to 2006¹⁷¹.

q. Cervical cancer screening and treatment

In Malaysia, all women who are, or who have been sexually active, between the ages of 20 and 65 years, are recommended to undergo Pap smears or cervical cancer screening¹⁷². If the first two consecutive Pap results are negative, screening every three years is recommended. The Pap smear screening is freely available in MOH health facilities and with a subsidized rate at NPFDB and FRHAM's clinics. MOH clinics have been using opportunistic screening programme since 1960s. Women are mainly captured during their visit to maternal and child health care or reproductive health care. Women whose smears have abnormalities are referred for treatment according to the clinical practice guidelines on management of cervical cancer developed by MOH in 2003.

The HPV immunization programme for the prevention of cervical cancer was approved by the Cabinet in August 2009 and implemented in August 2010 for the 13 years old girls under the School Health Programme, Family Health Development Division. In addition, the free HPV vaccination programme is also provided to young girls aged 18 under the Ministry of Women, Family and Community Development and implemented through NPFDB in 2012.

¹⁷¹ Hematram Y, (2006). *Measuring Maternal Mortality in Malaysia (p31)*, Kuala Lumpur Malaysia, Department of Community Medicine, International Medical University, (http://myais.fsk.um.edu.my/6369/1/Hematram_y)

¹⁷² Ministry of Health and Academy of Medicine. (2003). *Clinical Practice Guidelines – Management of Cervical Cancer*.

r. Access to safe abortion services to the extent of the law

It is difficult write about access to abortion services without adequate data. A recent WHO supported “Study of Medical Officers’ Knowledge, Attitude and Willingness to Provide Abortion Related Services as a Reproductive Right of Women” found that majority of the doctors (over 80%) has some understanding of abortion such as what abortion is and that abortion is a safe medical procedure when performed properly by trained health-care providers, with proper equipment, correct techniques and sanitary standards¹⁷³. However, their knowledge on, menstrual regulation, abortion methods and its risk of complications was limited. Only slightly more than one third were able to identify the preferred methods for first-trimester and second-trimester abortion and about one fifth of the respondents were able to identify related risks such as pelvic infection (<1%(and infertility (<0.1%) as the possible risks of complications caused by abortion.

Majority of the doctors (87.8%) in the study knew that abortion is legal under certain circumstances. They were aware that abortions are permitted in Malaysia to save the life of the mother (92.8%), to preserve the woman's physical health (71.0%) and mental health (64.5%) and not permissible for socio-economic reasons, contraceptive failure or upon request (more than 80%). However, majority of doctors either did not know or were unsure about whether abortion is allowed in case of rape or fetal abnormalities.

On the other hand, the study showed that most of the medical officers were conventional and “pro-life” in their attitudes towards sexuality and abortion. They believe that abortion should not be legalized for social-economic reasons or upon request (67.7%), should not be easily accessible (48.4%), affordable (39.4%) and made available to the public (40.2%). Almost two thirds (59.2%) of the respondents believed that abortion is equivalent to taking a life as human life begins at conception and three quarters (76%) of them believed that the fetus has the right to live as it is a potential human being.

¹⁷³ Huang, S. L., Jegasothy, R. and Lim, S. C. (2011). *Study of Medical Officers’ Knowledge, Attitude and Willingness to Provide Abortion Related Services as a Reproductive Right of Women*. WPRO.

Majority of the respondents either remained neutral (33%) or would resist (40.9%) carrying out abortion under any circumstance when it is against their personal religious beliefs. Although over 80% of the respondents also indicated that they were comfortable to give pre and post abortion counseling including counseling on contraceptive use, only 22.6% reported that they would be comfortable to provide medical abortion and surgical abortion (23.3%) and only about half of them indicated that they would refer the women for safe abortion services.

6.7 Achievements in addressing issues related to sexual and reproductive health and reproductive rights

Four achievements in addressing issues related to SRH and rights were identified by NPFDB, which included the following:

- **Increasing women's access to comprehensive sexual and reproductive health services regardless of marital status and age** – SRH including family planning services are easily accessible and affordable in the country, especially in MOH, NPFDB and FRHAM's healthcare facilities
- **Increasing access to comprehensive sexual and reproductive health services for adolescents** - The integration of reproductive health and social education (PEKERTI) in the National Service Training curriculum in 2011 which benefits more than 100,000 national service trainees aged 18 each year. In the same year the Ministry of Education introduced reproductive health and social education (PEERS) in schools beginning with Year 1 students in primary schools. Among the content in this module are sexual reproductive health, skills, knowledge and behaviors (*45th Session of The Commission on Population and Development at The General Debate on National Experience in Population Matters: Adolescents and Youth, New York, 24 April 2012*)
- **Breast cancer screening and treatment** – 100,357 women had their mammograms done since the introduction of mammogram programme at subsidized rate (2007 – 2012) and 125 women were diagnosed with breast cancer. These women were referred to hospitals for further management.

- **Cervical Cancer screening and treatment** – Free HPV vaccination programme for the 13 years old girls under the School Health Programme by MOH and for young girl aged 18 under the Ministry of Women, Family and Community Development and implemented through NPFDB.

The NPFDB stated that effective partnership with stakeholders at national level and involvement of private sector as the facilitators for the achievements of these programmes. On the other hand, lack of awareness on SRH such as family planning, breast cancer and cervical cancer among the community, especially opposition from spouse, partner, parent, guardian, religious or conservative group is the main barrier in implementing the SRH programmes. In addition, geographical factor (access to remote or rural area) is also one of the barriers identified.

6.8 The most relevant issues regarding sexual and reproductive health and reproductive rights that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

a. Unmet needs of family planning

Both the 2010 MDG report and the ICPD Third Country Report of Malaysia: NGO Perspectives¹⁷⁴, highlighted the stagnation of the CPR (all methods) at around 50% for almost 3 decades since 1984. In terms of modern methods, the CPR registered only a slight increase from 30% in 1994 to 34% in 2004. The reports also showed that the unmet need for family planning is increasing, especially among women who have no or primary education, aged 40 years and above and higher parity (4 children and above). “Fear of side effects” and “Husband’s objections” were reasons cited for not using contraceptives.

¹⁷⁴ Federation of Reproductive Health Associations, Malaysia (FRHAM) and United Nations Population Fund (UNFPA). (2010). *ICPD+15: ICPD Third Country Report of Malaysia: NGO Perspectives*

In view of that, specific interventions are needed to understand the unmet need and the profile of women and couples who have unmet need, and working to remove obstacles that prevent individuals from choosing and using a family planning method.

b. Provision of Sexual and Reproductive Health information and services for adolescents and young people

Although numerous studies have been carried out in Malaysia to measure the knowledge, attitudes, and practices of young people's sexuality and reproductive health and there is evidence that sexual activity among adolescents in Malaysia is increasing and beginning at younger ages over the years, the unmet need for contraception among young people remains unclear. Furthermore, it is generally assumed that the government does not provide contraceptive services to the young people.

As such, there is a need to strengthen the youth services in Malaysia, especially to understand and to meet their unmet needs. A national standard, implementation guide and standard operational guidelines for youth friendly services must be developed in order to provide clearer guidance for service providers and ensure the quality of the services. Furthermore, there is also a need to improve publicity of clinics in the community and to work more closely with the NGOs or youth peer educators in promoting their services in order to increase youth awareness and access to the services.

c. Prevention and management of unsafe abortion

There is no official published source of data on abortion for Malaysia. It is generally assumed that unsafe abortions is not a huge public health problem as the country has a good health care system in the public and private sectors and the maternal mortality ratio is low in the country. However, the WHO report on Health in Asia and Pacific indicated that "38 out of every 1,000 women aged between 15 and 49 years old go for an abortion in Malaysia." Furthermore, in Malaysia, most people, including the healthcare providers are unaware that abortion services are legal but restricted according to the Penal Code. Therefore, making safe, effective and

acceptable abortion services available and accessible is a critical component to meeting women's health care needs, reducing the causes or incidence of unsafe abortions and the rate of maternal mortality and morbidity due to unsafe abortions in the country.

6.9/6.10 Accountability mechanisms to address peoples' claims on sexual and reproductive health and reproductive rights

There is no official accountability mechanism to address peoples' claims on sexual and reproductive health and reproductive rights. However women right groups are constantly pointing out instances where rights may be violated.

6.11/6.12/6.13 Assessment/ situation analysis on sexual and reproductive health and reproductive rights and unmet needs for family planning at the national and/or subnational level in the last five (5) years

If a reduction in the infant, child and maternal mortality of Malaysia's is a reflection of her success in sexual and reproductive health then it would be safe to say that Malaysia has done well. In fact there is evidence to show that Malaysia is on track to achieve her millennium development goals four and five, both indicators of sexual and reproductive health services.

However Malaysia Millennium Report at 2010 pointed out that most of the deaths of children under five took place in hospitals but non hospital deaths were mainly among the "indigenous population" and non-citizens suggesting socioeconomic factors as well as access to health services to be contributing factors. The report also pointed to the need to address inequities and in 2007 children under five in Kelantan, Pahang and Terengganu were at higher risk, At the same time the indigenous minority groups and non-citizens were more likely to die from preventable conditions like pneumonia and acute gastroenteritis, aggravated by malnutrition,

Analysis of data from Confidential Enquiry into Maternal Deaths (CEMD) shows that the number of deaths from postpartum haemorrhage and medical conditions declined from 1997 to 2007

while hypertensive disorders and obstetric embolism increased. At the same time it pointed out that 60% of the mothers who died did not practise family planning.

The Malaysian Population and Family Survey, conducted at 10 year intervals had also previously cautioned about the stagnation of contraceptive prevalence and data from the 2004 survey showed that contraceptive of Malaysia at slightly over 50% for all methods and only slightly more than 30% for modern methods was the lowest among the Asean countries¹⁷⁵. The unmet need for contraception was also the highest among those women age 40 to 49. There was also geographical difference with Kelantan and Pulau Pinang having the highest unmet needs. This has in fact prompted the NFPDB and the Ministry of Health to step up their family planning programs.

Sexual and reproductive rights are more difficult to measure but most Malaysian women are of the impression that family planning are only for married women, However since the implementation of the Adolescent Reproductive Health Policy and later the POA, there has been a concerted effort to make the service available to all base on health need and not on marital status. In general inaccessibility may be more on the part of the unmarried client who may feel embarrassed about accessing the services that are provided free. However if cost is not a factor sexual and reproductive health services are also provided by the numerous private practitioners in the country.

¹⁷⁵ NFPDB (2009). *The Fourth Malaysian Population and Family Survey, 2004*.

6.14 Promulgated and/or enforced national laws responding to the following ICPD priority areas related to sexual and reproductive health and reproductive rights

a. National law protecting the right to the highest attainable standard of physical and mental health, including sexual and reproductive health

Population and Family Development Act of 1966 (revised 1988) - defines the first power, function and duty of the National Population and Family Development Board as “to formulate policies (and methods) relating to family planning”

b. Access to safe abortion

Under the Penal Code Act 574, abortion is permissible if *“a medical practitioner registered under the Medical Act 1971 [Act 50] who terminates the pregnancy of 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 or physical health of the pregnant woman, greater than if the pregnancy were terminated.”*¹⁷⁶

c. Non-discrimination in access to comprehensive sexual and reproductive health services, including HIV services

There is no need for such laws as every Malaysian is eligible to access comprehensive sexual and reproductive health services, including HIV services in all government healthcare facilities.

d. Protection against coercion, including forced sterilization, forced marriage, etc.

There is no evidence of coercion, including forced sterilization or forced marriage and therefore there is no need for such laws.

¹⁷⁶ The Commissioner of Law Revision, Malaysia. (2006).*Laws of Malaysia – Act 574 Penal Code.*

e. Protecting the rights of people living with HIV

There is no such law but all people living with HIV have the same rights as non infected people. Furthermore the Malaysian AIDS council and her affiliates have special committees made up of lawyers whose special function is to fight for the rights of PLHIV.

6.15 Sexual and reproductive health services that are currently being offered through the primary health care system in the public sector

The following services are being offered through the primary health care system in the public sector:

- Contraceptive Services - counseling, information, access to at least 3 contraceptive methods and male condoms
- Maternity Care - Information about maternity care, including delivery with a skilled attendant, Prenatal care, Essential obstetric care, Emergency obstetric care and Post-natal care including contraceptive services
- Infertility Services - including prevention, diagnosis, treatment and referral
- Abortion Services - Safe abortion to the extent of the law, post-abortion counseling and post abortion care
- Sexually Transmitted Infections – Prevention, detection and testing, treatment and care
- HIV – Prevention, Voluntary counseling and testing, Treatment, Care and Support, Prevention of mother-to-child transmission and treatment for improving the life expectancy of HIV-positive mothers and Contraceptives services for people living with HIV
- Reproductive cancers - (including breast, cervical and prostate) – Prevention, Detection or testing, treatment and care, HPV vaccination
- Obstetric fistula services - Prevention, Detection, Referral for treatment and Reintegration for women who undergo fistula repairs
- Adolescent sexual and reproductive health, including HIV – information and counseling, Services (including access to contraceptives) and Adolescent and youth friendly comprehensive SRH services (that are confidential, private and affordable by adolescents and youth)
- Female Genital Mutilation/Cutting - Prevention

6.16 Existence and availability of the following to address sexual and reproductive health as an integral part of primary health care system

Strategies/actions to address sexual and reproductive health as an integral part of primary health care system

- Standards for SRH service delivery, including maternity care, family planning and STIs/HIV
- Guidelines for SRH service delivery, including maternity care, family planning and STIs/HIV
- Existence of an SRH package integrated into primary health care provision
- Referral mechanisms for SRH services
- Health information system disaggregated by age
- Health information system disaggregated by sex
- Health personnel trained in SRH, including midwifery skills
- Health personnel trained in HIV/AIDS counseling
- Health personnel trained in reproductive rights
- Health personnel trained in GBV screening (including FGM/C)
- Mechanisms to monitor quality of SRH service delivery
- Health personnel trained in elimination of stigma and discrimination towards key populations, including young people, people living with HIV, sex workers and clients, men having sex with men, transgender people and people who use drugs
- Mechanisms to guarantee participation of community-based organizations
- Standards, guidelines and training for health care providers on informed contraceptive choice and provision of non-coercive services

6.17 National essential medicine list include the full range of sexual and reproductive health medicines defined by WHO

Yes

6.18 Special sexual and reproductive health programmes and initiatives, including those related to HIV, to reach the below listed groups

- **Adolescents and youth** – Counseling, reproductive health including contraceptive and HIV information and services are offered by Adolescent Health Clinic of MOH, Kafe@TEEN of NPFDB and Youth Friendly Centres of FRHAM.
- **Extremely poor** - poverty eradication programmes for the poor and provision of increased access to health and medical services to upgrade the poor’s welfare and quality of life.
- **Indigenous people** - SRH services such as safe motherhood, family planning, reproductive cancers are provided by the Special Health Unit through land, water or air mobile units for indigenous people who are either located near the villages in the very remote interior.
- **Ethnic minorities** – None
- **Documented migrants** – HIV prevention programme for migrant workers
- **Refugees** - With a UNHCR registration letter, refugees in Malaysia are able to receive a 50 percent discount for the public healthcare services, including maternal and child services and ARV treatment. This does not mean that the Government does not treat undocumented people. In fact they can go for services at all Government facilities but will have to pay for higher fees. However even if they do not have the money they can see a medical social worker and work with them to pay the fees in installments. In addition, the National Strategic Plan on HIV and AIDS, 2011 – 2015 also cited the Malaysian government’s commitment to strengthen HIV prevention programmes targeting migrant workers and refugees. Many NGOs also run free clinics for refugees (both documented as well as those undocumented).
- **People living with HIV** – There has been stronger linkages and referral systems between HIV and SRH services for PLHIV as stated in National Strategic Plan on HIV and AIDS, 2011 – 2015. With many more PLHIV accessing ARV this linkages and referral system provides PLHIV with the necessary reproductive health services they need. FRHAM also makes sure that reproductive health services are provided to everybody irrespective of HIV status or sexual orientation.

- **Key populations at higher risk of HIV** – National Strategic Plan on HIV and AIDS, 2011 – 2015:
 - Improve and strengthen VCT, STI and SRH services to all MARPs, including counseling for married and unmarried couples.
 - Raise awareness and understanding of HIV and STIs, support and promote the appropriate use of condoms and lubricants when engaged in sexual activities, particularly among MARPs, their partners and/or clients.
 - Develop and upscale sexual reproductive health services, counseling and treatment related to STIs, HIV and AIDS to ensure universal coverage
- **Persons with disabilities** – Free health services including SRH services and medical care are provided to PWD free for life

6.19 Strategies are being used under the current national policy/programme on sexual and reproductive health to reduce financial barriers to services

Strategies:

- Cross-subsidization
- Targeted pro-poor subsidies
- Community-based services
- Peer outreach

6.20/6.21 Specific programmes to ensure the access of adolescents and youth to sexual and reproductive health information and services that warrant and respect privacy, confidentiality and informed consent

Ministry of Health has over the years conducted training programmes for healthcare personnel to enable them to be “Youth-friendly”. A total of 124 training sessions on adolescent health care and counseling were conducted in 2009 at national, state and district levels involving 1,520 healthcare providers (doctors and paramedics). Services provided for adolescents and young people included the following:

- Contraceptives
- Sexual violence and sexual exploitation
- STIs, including HIV
- Gender-based violence and harmful traditional practices
- Respect, tolerance and non-discrimination of sexual minorities
- Intimate partner violence
- Safer sex

6.22 Official legislation and/or regulation to promote ethical standards in research design in the area of sexual and reproductive health

- Yes, through the Medical Research Ethic Committee (MREC) of the Ministry of Health Malaysia. MREC was established on 2002 and acts as an independent ethics committee for non- MOH institutions. The MREC Secretariat is composed of scientist and non-scientist and operates under the Director General of Health, Malaysia. Research involving human subjects requires prior ethics review and approval by the MOH Research and Ethics Committee (MREC). Submission to MREC for ethics review and approval is conducted online at www.nmrr.gov.my

6.23 Geographic distribution of emergency obstetric care facilities adequate

Yes

6.24 Mechanisms the country have in place to ensure implementation of policies and programmes to monitor maternal morbidity and mortality

- **National health information system** – through the Health Fact, Health Indicator and Annual Report published by Ministry of Health. The Department of statistics also compile annual vital statistics for circulation in the country.
- **Direct obstetric case fatality rate monitoring** - The Ministry of Health has set up the Confidential Enquiry into Maternal Deaths (CEMD) system and all maternal deaths are

subject to confidential enquiry at various levels. These results of enquiries have resulted in improvements made to save the lives of mothers.

- **Mandatory notification of maternal deaths** – through the Confidential Enquiry into Maternal Deaths (CEMD) that has been implemented since 1991. The CEMD is a review/audit process to identify avoidable and unavoidable factors that contributed to each and every reported maternal death, using the “road to death” model.
- **Routine maternal death reports at the national level** – Yes, the CEMD report will be audited by individual case note review at hospital, state and national levels. The objective is to identify shortfalls in care, recommend remedial measures and thus improve standards of care. Thus far, seven reports have been published (1991, 1992, 1993, 1994, 1995-96, 1997-2000, and 2001-05).
- **Routine data collection on post-partum care** – especially monthly data on Post Partum Haemorrhage will be collected to be reported as one of the Performance Indicators for Medical Programme.
- **Public independent inquiries (by National Human Rights Institutions, Parliamentary Commissions, Commissions on Women, etc)** - The Human Rights Commission of Malaysia (Suruhanjaya Hak Asasi Malaysia) better known locally as SUHAKAM was established by the Malaysian Parliament under the Human Rights Commission of Malaysia Act 1999, Act 597, and began its work in April 2000. Its mandate is to promote human rights education, advice on legislation and policy, and conduct investigations.

6.25 National health strategy/plan include training curricula for health care workers to prevent and treat/manage obstetric fistula

No specific training but it is part of the curriculum for the training of health care workers.

6.26 Three (3) civil society organizations (CSOs) whom the government has partnered with in the area of sexual reproductive health and reproductive rights over the past five (5) years

1. Federation of Reproductive Health Associations, Malaysia (FRHAM)

The FRHAM which was established in 1958 as the Federation of Family Planning Associations in Malaysia (FFPAM) is the oldest and only national NGO providing information, education and clinical services in family planning as well as sexual and reproductive health (FP/SRH). The Federation's 13 state member-associations operate a network of 38 clinics and 252 service points and is one of three lead agencies to complement the SRH services provided by the government and private sectors. In addition, FRHAM also involved in research and data collection, advocacy and policy formulation, awareness raising and social mobilization and education and training on SRH and rights.

2. Reproductive Rights Advocacy Alliance of Malaysia (RRAAM)

RRAAM (the Reproductive Rights Advocacy Alliance Malaysia) was established in 2007 by a group of individuals and NGOs who are committed to promoting women's access to reproductive rights and services. The organization is focused on advocacy and education on reproductive rights issues. Over the last two years RRAAM has focused her work on advocating for the right of women to abortion (within the context of our laws on abortion).

3. The Malaysian Medical Association

The MMA is the professional body of the medical practitioners in the country. Objectives include:

- To promote and maintain the honor and interest of the profession of medicine
- To serve as a vehicle of the integrated voice of the whole profession and
- To participate in the conduct of medical education as maybe as appropriate

The MMA has three sub committees whose functions are relevant to reproductive health, there are:

- The Adolescent health sub-committee
- AIDs/STIs action committee
- Committee on Health and Human Rights

6.27 Three (3) private sector partners with whom the government has partnered with in the area of sexual and reproductive health and reproductive rights over the past five (5) years.

No collaboration reported to prevent conflict of interest.

6.28 Three (3) examples where the government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area of sexual and reproductive health and reproductive rights over the past five (5) years

Three international organizations have been identified and all of these organizations provide both technical and financial assistance to the government and NGOs in Malaysia in the area of sexual and reproductive health and reproductive rights over the past five years. These organizations are:

1. **World Health Organization** – funded and provided technical assistance for the following projects and studies:
 - WHO Decision Making Tool (DMT) for Family Planning Clients and Providers (*Malay Version*)
 - Study on HIV and SRH Linkages, 2010
 - Survey on knowledge and perception of medical students on abortion, 2011
 - Study on medical officers’ knowledge, attitude and willingness to provide abortion related services as a reproductive right of women, 2011
 - Study on reproductive rights and choice: insights from women on pregnancy termination, 2011
 - Roundtable discussion on Strengthening HIV and SRH Linkages in Malaysia, 2010
 - Dissemination Seminar on Abortion studies supported by WHO and participating agencies, 2011

2. **United Nations Population Fund** – funded the following 5-year programme (2008 – 2012) through cost sharing with Malaysian Government:

- Up scaling Kafe@TEEN Programme – implemented by the NPFDB
- Disadvantaged Youth and HIV Prevention – implemented by the FRHAM
- HIV and Sex Work – implemented by the FRHAM
- Empowerment of Marginalized Women - – implemented by the Women’s Institute of Management (WIM)

6.29 The level of priority of the following ICPD issues regarding HIV in national programming

The Ministry of Health, Malaysia addressed the priority of the following ICPD issues at level 4 or high priority:

a. Protection and promotion of the human rights of individuals:

- People living with HIV
- Key populations at higher risk
- Adolescents and youth
- HIV orphans
- Racial, religious, ethnic, linguistic or other minorities
- Indigenous people
- Prisoners and other detained persons
- Migrants/ un-documented migrants / mobile populations
- Internally displaced persons

b. Voluntary and confidential HIV testing and counseling

c. Increase of male condom access and use

d. Elimination of mother-to-child transmission of HIV and improving the life expectancy of HIV-positive women

e. Provision of antiretroviral therapy for adults

f. Provision of antiretroviral therapy for children in paediatric formulation

- g. HIV prevention services, primary healthcare services and other health services, provide non-judgmental, non-stigmatizing and relevant services for people living with HIV, key populations at higher risk and young people
- h. Provision of services for the comprehensive management of sexually transmitted infections (STIs)
- i. Access to user-friendly prevention, treatment, care and support services for key populations at higher
- j. Management of TB/HIV co-infection
- k. Support community-led organizations of key populations at higher risk of HIV, young people, people living with HIV and people affected by HIV are partners in HIV programming
- l. Prevention of stigma and discrimination towards people living with HIV and people affected by HIV through awareness raising

The priority of protection and promotion of the human rights of people with disabilities and refugees is somewhat high in the country in contrast to increase access to female condom and use which is somewhat low priority.

6.30 Three civil society organizations (CSOs) whom the government has partnered with in the area of HIV over the past five (5) years

1. Malaysian AIDS Council (MAC)

The MAC is a NGO that was established in 1992 as an umbrella organization made up of like-minded NGOs to support and coordinate the efforts in preventing HIV and AIDS in Malaysia. Most of the HIV and AIDS related organizations in Malaysia became partner organizations (POs) under MAC (numbering 44 in 2010). These organizations were selected based on the type of services they offer to PLHIV they serve in the country. In addition to coordinating and streamlining programmes of its Partner Organizations, the MAC Secretariat also provides these organizations with the necessary training, funds and other resources to implement effective HIV/AIDS programmes within various communities in Malaysia. Furthermore, the organization

works in partnership with government agencies, the private sector and international organizations to ensure a committed and effective response to HIV/AIDS issues in Malaysia.

2. Federation of Reproductive Health Association, Malaysia

FRHAM is the largest and oldest Sexual and Reproductive health NGO in the country and is an affiliate of the Malaysian AIDS Council. The government has over the years Supported FRHAM's work on prevention of HIV among young people both in and out of school as well as in outreach work with sex workers and transsexuals. FRHAM has also been advocating for linkage of HIV with RH through all her service outlets spread throughout the country.

6.31 Three (3) private sector partners with whom the government has partnered with in the area of HIV over the past five (5) years

There is no report of direct collaboration between the government and the private sector but in Malaysia many private companies contribute to the Malaysian AIDS Foundation to raise funds for the HIV work through the Malaysian AIDS Council. Some international companies in fact contribute directly to AIDS support groups especially those running homes for children living with HIV.

6.32 Health, morbidity and mortality are considered priorities in the country's national health policy framework or strategy

Health, morbidity and mortality are considered priorities in the country's national health policy framework or strategy. They include:

- Prevention of maternal mortality
- Prevention of maternal morbidity
- STIs
- HIV
- Prevention/elimination of gender-based violence
- Child mortality
- Immunization

- Malaria
- Tuberculosis
- Communicable diseases
- Non-communicable diseases
- Nutrition
- Obesity
- Mental health

Conclusion and Recommendations

1. Malaysian has done very well in making and reproductive health services accessible to those in need and this is evident in the decline in maternal mortality. Despite the fact that we are on track to achieve the goals of the fifth Millennium Goal, especially the target for 5A, the Contraceptive Prevalence Rate (CPR) is stagnated at around 50% for all methods and 30% for modern methods. The CPR in Malaysia is relative low compared to other neighboring countries such as Vietnam (78.5%), Thailand (71.5%) and Indonesia (60.5%) and access to modern methods of contraception continue to be a challenge for Malaysia¹⁷⁷. The MPFS 2004 also reported that the unmet need for family planning among women is increasing, especially among women who have none or primary education, aged 40 and above and with higher parity. Reasons cited for non-use of contraceptive included “fear of side effects” and “husband’s objections”. Therefore, there is a need to increase access to information and services on SRH and family planning, especially for high parity women aged 40 and above as well as to increase male responsibility and participation to facilitate equal partnership in SRH and family planning matters. In this regard it would also be pertinent to improve the training of service providers to enable them to allay the fear of side effects of contraceptive use.

¹⁷⁷ Asian-Pacific Resource and Research Centre for Women (ARROW). (2010). *MDG 5 in Asia: Progress, Gaps and Challenges 2000 – 2010*

2. Despite numerous studies having shown that there is an increase in sexual activity among adolescents and beginning at younger ages in recent years, the unmet need on contraception among young people remains unclear as the 2004 MPFS only studied married women and the general impression is that young people are unable to access contraceptive services at public healthcare facilities¹⁷⁸. In fact, the sexual and reproductive health needs among young people has become a major concern, due to the rising issue of youth sexuality, teenage pregnancy and abandoned babies. According to the Star's report on 21 June 2011, from 2008 until April 2011, a total of 539 teenage girls were pregnant and sheltered at the welfare institutions¹⁷⁹. In view of this, it is important to advocate for comprehensive, youth-friendly and gender sensitive sexuality education, to increase young people's access to youth friendly SRH programmes and services, to sensitize adult including parents, teachers, service providers and caretakers on unmet SRH needs of young people and provide non-judgmental services as well as conduct evidence based research on the young people's sexuality and sexual practices for informed policy planning and programme implementation.
3. There is no official published source of data on abortion for Malaysia. However, the WHO report on Health in Asia and Pacific indicated that "38 out of every 1,000 women aged between 15 and 49 years old go for abortion in Malaysia".¹⁸⁰ On the other hand, the New Straits Times on 13 February 2011 reported that not only unmarried women seek for abortion services but married women also need it¹⁸¹, especially women aged 40 and above. According to Kamaluddin, these women tend to use abortion as a means of contraception¹⁸². However, health personnel's ignorance of the country's abortion law as

¹⁷⁸ Norliza Ahmad et al. (2010). *Status of Family Planning in Malaysia, 2010: Sustaining Lower Fertility*. Paper presented at UNFPA and ICOMP Regional Consultation on Family Planning in Asia and the Pacific, 8-10 December 2010, Bangkok, Thailand.

¹⁷⁹ The Star Online, 21 June 2011. *Punishing teen mums is of no help*

¹⁸⁰ World Health Organization Regional Offices for South-East Asia and the Western Pacific. (2008). *Health in Asia and the Pacific quoting a study: "J. Ross J, Stover J, Adelaja (2005). Profiles for family planning and reproductive health programmes (116 countries). 2nd Edition. Washington DC, Futures Group"*

¹⁸¹ New Straits Times (2011). *Married women want it, too*. http://www.nst.com.my/nst/articles/13lppkn-2/Article/index_html

¹⁸² Kamaluddin, S. F. (2010). *A Follow-up Profile of Women Seeking Pregnancy Terminations in a Clinic in Urban Malaysia: 1998-2005*, *Jurnal Sains Kesihatan Malaysia* 8 (1) 2010: 5-11

well as the *fatwa* on abortion (which allows abortion up to 120 days, {before ensoulment}, if the foetus is defective and terminally ill and that it could seriously harm the mother) may have resulted in women being deprived of abortion services for which they may be entitled. Therefore, there is a need to address the misconception about abortion laws of the country and stigma towards abortion by providing accurate information to the public and service providers. On the other hand, the Ministry of Health has released guidelines for abortions in government hospitals on 19 September 2012. The standard operating procedure recommends pre-abortion counseling where patients are briefed on procedures and assessed for health risks and it also suggested that patients be given a 48 hour opt-out period before the procedure for the patient to be referred to religious authorities for counseling. As such, service providers need to be trained on the provision of non-judgmental services and technical aspects of a safe abortion including proper management of complications of abortion with a focus on primary prevention (proper contraceptive practice).

4. According to a WHO/UNFPA study in 2010, there is no policy on SRH and HIV linkages and there is also limited documentation on programme and services on HIV and SRH linkages in Malaysia.¹⁸³ It should be noted that the HIV/AIDS pandemic shares the same root cause as those accounting for poor sexual and reproductive health and they include unsafe sex, gender inequality, poverty, stigma, and sensitivity associated with sexuality. The importance of linkages between SRH and infection by HIV is widely recognized as it leads to a number of important public health, socio-economic, and individual benefits, i.e. improve access to and uptake of key HIV and SRH services, reduction in HIV-related stigma and discrimination, improve coverage of the underserved/vulnerable/key populations, greater support for dual protection, etc¹⁸⁴. As such, it is important to advocate for SRH and HIV linkages at the policy, systems and service levels, strengthen linked SRH and HIV responses in both directions and

¹⁸³ WHO and UNFPA (2010). *Study on Strengthening HIV and Sexual and Reproductive Health Linkages in Malaysia*

¹⁸⁴ IPPF, UCSF, UNAIDS, UNFPA & WHO (2008). *Linkages: Evidence Review and Recommendations*

rigorously monitor and evaluate integrated programmes during all phases of implementation.

5. It is also important to address the reproductive rights of the most at risk populations (MARPS) and to ensure their accessibility to healthcare services, especially reproductive health services that are provided free to other citizens.

SECTION 7: GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

A. Empowerment and status of women

Objectives

The objectives are:

- (a) To achieve equality and equity based on harmonious partnership between men and women and enable women to realize their full potential;
- (b) To ensure the enhancement of women's contributions to sustainable development through their full involvement in policy- and decision-making processes at all stages and participation in all aspects of production, employment, income-generating activities, education, health, science and technology, sports, culture and population-related activities and other areas, as active decision makers, participants and beneficiaries;
- (c) To ensure that all women, as well as men, are provided with the education necessary for them to meet their basic human needs and to exercise their human rights.

Actions

Countries should act to empower women and should take steps to eliminate inequalities between men and women as soon as possible by:

- (a) Establishing mechanisms for women's equal participation and equitable representation at all levels of the political process and public life in each community and society and enabling women to articulate their concerns and needs;
- (b) Promoting the fulfillment of women's potential through education, skill development and employment, giving paramount importance to the elimination of poverty, illiteracy and ill health among women;
- (c) Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health;

- (d) Adopting appropriate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance, and ensure women's equal access to the labour market and social security systems;
- (e) Eliminating violence against women;
- (f) Eliminating discriminatory practices by employers against women, such as those based on proof of contraceptive use or pregnancy status;
- (g) Making it possible, through laws, regulations and other appropriate measures, for women to combine the roles of child-bearing, breast-feeding and child-rearing with participation in the workforce.

All countries should make greater efforts to promulgate, implement and enforce national laws and international conventions to which they are party, such as the Convention on the Elimination of All Forms of Discrimination against Women, that protect women from all types of economic discrimination and from sexual harassment, and to implement fully the Declaration on the Elimination of Violence against Women and the Vienna Declaration and Programme of Action adopted at the World Conference on Human Rights in 1993. Countries are urged to sign, ratify and implement all existing agreements that promote women's rights.

Governments at all levels should ensure that women can buy, hold and sell property and land equally with men, obtain credit and negotiate contracts in their own name and on their own behalf and exercise their legal rights to inheritance.

Governments and employers are urged to eliminate gender discrimination in hiring, wages, benefits, training and job security with a view to eliminating gender-based disparities in income.

Governments, international organizations and non-governmental organizations should ensure that their personnel policies and practices comply with the principle of equitable representation of both sexes, especially at the managerial and policy-making levels, in all

programmes, including population and development programmes. Specific procedures and indicators should be devised for gender-based analysis of development programmes and for assessing the impact of those programmes on women's social, economic and health status and access to resources.

Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents and children and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes and those in potentially exploitable situations, such as migrant women, women in domestic service and schoolgirls. In this regard, international safeguards and mechanisms for cooperation should be put in place to ensure that these measures are implemented.

Countries are urged to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to assure that full assistance is provided to the victims of such abuse for their physical and mental rehabilitation.

The design of family health and other development interventions should take better account of the demands on women's time from the responsibilities of child-rearing, household work and income-generating activities. Male responsibilities should be emphasized with respect to child-rearing and housework. Greater investments should be made in appropriate measures to lessen the daily burden of domestic responsibilities, the greatest share of which falls on women. Greater attention should be paid to the ways in which environmental degradation and changes in land use adversely affect the allocation of women's time. Women's domestic working environments should not adversely affect their health.

Every effort should be made to encourage the expansion and strengthening of grass-roots, community-based and activist groups for women. Such groups should be the focus of national campaigns to foster women's awareness of the full range of their legal rights, including their rights within the family, and to help women organize to achieve those rights.

Countries are strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible work-hours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector.

Programmes to meet the needs of growing numbers of elderly people should fully take into account that women represent the larger proportion of the elderly and that elderly women generally have a lower socio-economic status than elderly men.

B. The girl child

Since in all societies' discrimination on the basis of sex often starts at the earliest stages of life, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that 'son preference' is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female foetuses. Investments made in the girl child's health, nutrition and education, from infancy through adolescence, is critical.

Objectives

The objectives are:

- (a) To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;
- (b) To increase public awareness of the value of the girl child, and concurrently, to strengthen the girl child's self-image, self-esteem and status;
- (c) To improve the welfare of the girl child, especially in regard to health, nutrition and education.

Actions

Overall, the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live. Leaders at all levels of the society must speak out and act forcefully against patterns of gender discrimination within the family, based on preference for sons. One of the aims should be to eliminate excess mortality of girls, wherever such a pattern exists. Special education and public information efforts are needed to promote equal treatment of girls and boys with respect to nutrition, health care, education and social, economic and political activity, as well as equitable inheritance rights.

Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

Schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials that reinforce existing inequities between males

and females and undermine girls' self-esteem. Countries must recognize that, in addition to expanding education for girls, teachers' attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias, while recognizing the specific needs of the girl child.

Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women, as such additional investments in adolescent girls can often compensate for earlier inadequacies in their nutrition and health care.

Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities.

Governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices.

Governments are urged to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography.

C. Male responsibilities and participation

Changes in both men's and women's knowledge, attitudes and behavior are necessary conditions for achieving the harmonious partnership of men and women. Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in

nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

Objective

The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles.

Actions

The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments. This should be pursued by means of information, education, communication, employment legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.

Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.

Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child- support laws. Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families. Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.

National and community leaders should promote the full involvement of men in family life and the full integration of women in community life. Parents and schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. Relevant programmes to reach boys before they become sexually active are urgently needed.

REPORT

Introduction

There is no denial that the status of women has improved tremendously since ICPD, facilitated in part by the improvements in education for young girls and women. At the international level Malaysia is a member of the UN Human Rights Council and at the regional level, the Malaysian government is represented on the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) and the ASEAN Intergovernmental Commission on Human Rights (AICHR). Malaysia has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), though with several reservations, some of which have yet to be withdrawn¹⁸⁵. Malaysia also ratified the International Labour Organization Convention No. 100 on Equal Remuneration. Since then we have in place several policies amended from time to time to reflect the country's commitment to promote gender equality.

¹⁸⁵ United Nations Country Team, Malaysia, 2011. *The Millennium Development Goals at 2010*.

The Malaysian Gender Gap Index, developed with the UNDP country office has recorded an improvement in gender inequality from 0.34 in 1980 to 0.25 in 2009. However, the improvement has not come equally from all four dimensions of the index: the indexes for education and health registered very low inequality of 0.041 and 0.121, respectively, the index for economic participation moderate inequality of 0.246 and the index for empowerment of women high inequality of 0.578. Global Gender Gap Index fell from 72 in 2006 to 92 in 2007, 98 in 2010 and 100 in 2012¹⁸⁶. Gender-related Development Index (50 to 88) and Gender Empowerment Measure¹⁸⁷. The declining gender gap is mainly due to the fact that despite improvements in education, economic participation and opportunities (dropped from its 68th position in the 2006 Gender Gap Index to 98 in 2012 in this category) do not reflect this achievement. In terms of political participation, it is ranked even lower – an embarrassing 120th spot in 2012, a drop from the unenviable 90 in 2006¹⁸⁸.

7.1/7.2 National policy programme and/or strategy addressing gender equality and empowerment of women that are currently being implemented.

- **National Social Policy, 2003**¹⁸⁹

Officially adopted by the Government in 2003, the NSP seeks to create a progressive and established Malaysian society with every member having the opportunity to develop his/her potential to the optimum in a healthy social environment based on the qualities of unity, resilience, democracy, morality, tolerance, progress, care, fairness and equity.

- **National Policy on Women, 1989**¹⁹⁰

The main objective of this policy is to ensure an equitable sharing in the acquisition of resources, information, opportunities and benefits of development for men and women. The objectives of equality and justice must be made the essence of development policies which must be people oriented so the women, who constitute half the nation's population,

¹⁸⁶ Hausmann, R. Tyson, L. D. and Zahidi, S. (2012). *The Global Gender Gap Report 2012*. World Economic Forum.

¹⁸⁷ United Nations Country Team, Malaysia (2011). *The Millennium Development Goals at 2010*.

¹⁸⁸ Hausmann, R. Tyson, L. D. and Zahidi, S. (2012). *The Global Gender Gap Report 2012*. World Economic Forum.

¹⁸⁹ Ministry of Women, Family and Community Development. (2003). *National Social Policy*.

¹⁹⁰ Ministry of Women, Family and Community Development. (1999). *National Policy on Women*

can contribute and realize their potentials to the optimum; and to integrate women in all sectors of development in accordance with their capabilities and needs, in order to enhance the quality of life, eradicate poverty, ignorance and illiteracy, and ensure a peaceful and prosperous nation.

The Ministry of Women, Family and Community Development spearheaded the move to get the Government to agree to achieve a minimum of a 30% representation of women in decision making positions in the public sector. The Government has adopted the following:

- In 2001, Article 8(2) of the Constitution was amended to prohibit any form of gender discrimination,
- In 2004, the Cabinet Committee on Gender Equality was formed
- In August 2009, it launched the second National Policy on Women and the Women's Development Action Plan.
- The Cabinet in 2011 approved a policy that women must comprise at least 30% of those in decision-making positions in the corporate sector.
- It also gave its commitment to achieve the MDGs by 2015.

Although the Government has amended Article 8(12) of the Constitution it is not accompanied with changes in the penal code. Penal Code contains several discriminatory provisions, including: Section 498, which perpetuates the idea that women are the property of their husbands; Section 375A, which does not recognize marital rape; and 377CA which considers rape with an object to be an "unnatural offence" rather than rape¹⁹¹.

¹⁹¹ Malaysia NGO CEDAW Alternative Report Group. (2012). *CEDAW and Malaysia – Malaysian NGO's Alternative Report in implementing the CEDAW*. Women's Aid Organization (WAO)

The main objectives of the National Policy on Women are¹⁹²:

(a) To ensure an equitable sharing in the acquisition of resources, information, opportunities and benefits of development for men and women. The objectives of equality and justice must be made the essence of development policies which must be people oriented so the women, who constitute half the nations population, can contribute and realize their potentials to the optimum.

(b) To integrate women in all sectors of development in accordance with their capabilities and needs, in order to enhance the quality of life, eradicate poverty, ignorance and illiteracy, and ensure a peaceful and prosperous nation.

Major principles and guidelines of the Policy include the following:

(a) That this National Policy On Women shall be aligned and coordinated with the National Development Policy, the provisions of the Constitution pertaining to the basic rights of citizens, the right of protection under the law, and the ideals of national unity and independence.

(b) That the Policy shall place primary emphasis on the active participation and involvement of both men and women in the development process, at the planning, implementation and evaluation stages.

(c) That this Policy takes into consideration the full potential of the nation's human resource, half of which comprises women. The nurturing and integration of female resource shall not only be confined to the traditional sectors but shall also extend into all sectors and all levels of the social, economic, political and cultural development.

(d) That efforts to integrate women in development shall be the shared responsibility of the public and private sectors. The implementation of this Policy must be made the general duty of all concerned and shall not be the sole responsibility of anyone gender, sector or agency.

(e) That the special needs and interests of women and the special virtues of femininity shall not be jeopardized; the responsibilities of motherhood and family life shall neither be compromised nor neglected; and the dignity, morals and respect due to women shall not be sacrificed.

¹⁹² Ministry of Women, Family and Community Development. (2003). *National Social Policy*.

(f) That the standard of education and knowledge of women be enhanced in accordance with their emergent roles and involvement in a dynamic and modern world and society.

(g) That all forms of adverse discrimination on the basis of gender be eliminated in all matters of decision-making and subsequent action.

(h) That information on target clientele and the impact of development programmes shall be gender categorized to enable appropriate assessment.

7.3/7.4 Institutional entities to address issues regarding gender equality and empowerment of women

The Ministry of Women, Family and Community Development was set up in 2001 and entrusted with the work of promoting gender equity but within the Ministry, the Department of Women's Development and the National Population and Family Development Board are responsible for the initiation and implementation of programmes in gender equity.

7.5 Addressing ICPD issues regarding gender equality and empowerment of women in the national context during the last five years.

a) Increasing women's participation in the formal and informal economy

Despite increased level of education participation of women in the labour force has not changed much over the last five years at around 45%. It is particularly low around the ages of marriage and childbearing, between 25 and 39 years reflecting gender role of having to care for young children. However it is also a reflection of a lack of child care services available to Malaysian women in the workforce. With the recent long dragged out problem of getting maids from Indonesian and the Philippines the problem will only be magnified.

The latest available statistics show that in 2010, the labour force participation rate for women was a low of 46.1% (the rate for men was at 78.7%). The labour force participation rate for women has remained consistently low for many years.

In the New Economic Model (2010) the government recognizes that many women are among the 40% lowest income earners. Malaysian women who do work only earned 42 cents for every dollar made by their male counterparts, the lowest among her ASEAN partners¹⁹³. In the 10th Malaysia Plan the government has made empowering women to increase her economic contribution a priority¹⁹⁴. There is a policy in place towards making women 30% of the public sector decision-making positions since 2004 and this target has been achieved. It was only 6.9% in 1995 and increasing to 32.3% in 2010¹⁹⁵. By comparison only 6% of corporate directors and only 7% of the chief executive officers of the largest 100 companies listed on the Kuala Lumpur Stock Exchange were women¹⁹⁶.

b) Increase women's participation in the political process and public life

The participation of women in political life has remained dismal. And since independence in 1957 Malaysia has never had more than three women Minister in the cabinet. This is despite the fact that cabinet portfolios have increased over the years. At the present time there is only 1 woman minister out of 30 ministerial positions. In 2010, women comprised 25.7% of the Senate (it must be noted that Members of the Senate are appointed positions). Also in 2010, women made up only 10.4% of the elected Members of Parliament in the House of Representatives (in 2004 this figure was 9.6%) and in fact women only made up 8% of the Members of the 13 State Legislative Assemblies¹⁹⁷. No political party in the coalition government has a quota in place to ensure women's political participation.

¹⁹³ Save the Children. (2007). *State of the World's Mothers 2007 – Saving the Lives of Children Under 5*.

¹⁹⁴ The Economic Planning Unit, Prime Minister's Department, Malaysia. (2010). *The Tenth Malaysia Plan, 2010 – 2015*. Putrajaya.

¹⁹⁵⁻¹⁹⁶ United Nations Country Team, Malaysia (2011). *The Millennium Development Goals at 2010*.

¹⁹⁷ Malaysia NGO CEDAW Alternative Report Group. (2012). *CEDAW and Malaysia – Malaysian NGO's Alternative Report in implementing the CEDAW*. Women's Aid Organization (WAO)

c) Ending gender violence

The Domestic violence Act 1994¹⁹⁸ has been in operation since 1994 the implementation of the law is not as satisfactory. The CEDAW Shadow report was quoted to say that the Interim Protection Order against a perpetrator of domestic violence may take anywhere between 24 hours and 3 months and there is also inconsistency in the way cases are handled by the police, welfare officers and the courts¹⁹⁹.

Since then the definition of “domestic violence” has been expanded to include “psychological abuse, including emotional injury”. However marital rape is still not considered a criminal offence.

The definition of domestic violence was expanded to include “psychological abuse, including emotional injury”. While this is a positive amendment, many other problems remain with the legislation. Marital rape is still not considered a criminal offence. In 2006, the Penal Code was amended to include the concept of rape within a marriage but there are still minor details that need to be improved upon.

Reported cases of rape Malaysia trebled in a span of ten years, from 1,200 reported cases in 2000 to 3,600 cases in 2009. NGOs caution that this is only the tip of the iceberg representing perhaps only 10%, according to Women’s Aid Organization (WAO), 1,200 in 2000 to around 3,600 in 2009. Analysis of various forms of violence in reported in the “Malaysia The Millennium Development Goals at 2010” reported that cases of “rape”, “incest” and “outrage of modesty” cases in 2009 (taken together to represent “sexual violence”) translate into an incidence rate 21.8 per 100,000 population, putting Women in Malaysia at high risk of violence²⁰⁰. However only a small number of cases are heard and even smaller numbers are finally persecuted. Even when a perpetrator is persecuted the judgment meted out may be watered down as in the two

¹⁹⁸ The Commissioner of Law Revision, Malaysia. (2006). *Laws of Malaysia Act 521 – Domestic Violence Act 1994*.

¹⁹⁹ Malaysia NGO CEDAW Alternative Report Group. (2012). *CEDAW and Malaysia – Malaysian NGO’s Alternative Report in implementing the CEDAW*. Women’s Aid Organization (WAO)

²⁰⁰ United Nations Country Team, Malaysia, 2011. *The Millennium Development Goals at 2010*.

recent cases of sex with a minor where the judges' contention was that it was a first offence for the perpetrator and that the act was consensual.

In 2011, amendments to the Domestic Violence Act were passed by parliament. The definition of domestic violence was expanded to include "psychological abuse, including emotional injury".

d) Improving the collection, analysis, dissemination and use of sex and age disaggregated

Specific efforts have been made to collect and collate sex-disaggregated data in order to identify specific gender issues that affect women and men differently. To ensure that the Ministries and relevant agencies collect sex-disaggregated data, a circular from the Chief Secretary to the Government was issued on 21st October 2008. The purpose of the circular was to engender statistics collected by Government agencies, which in turn is of great importance to the formulation of policies and programmes that adequately reflect and address the diverse needs of both women and men. In addition the Ministry of women, Family and community Development has published a book of statistics on women, family and community annually.

f) Ending child/force marriage

The official minimum age at marriage in Malaysia is 18 years for non Muslims and 16 years for Muslims. However there are increasing applications for marriages of girls below the officially allowable age. The 2010 Population and Housing Census revealed that 84,261 girls and 74,071 boys between the ages of 15 to 19 were married²⁰¹. The 2004 Malaysian Population and Family Survey (MPFS) also showed that, out of 3,693 married women in Peninsular Malaysia in the study, 2.6% of them married before age of 15 and 20.1% of them married between the ages of 15 and 19²⁰². On the other hand, for the 1,656 women from Sabah who participated in the same study, the proportion of women who married before 18 years was much higher (7.1% of them married under the age of 15 and 37.7% married between ages 15 and 19). In addition, the

²⁰¹ United Nations Country Team, Malaysia, 2011. *The Millennium Development Goals at 2010*.

²⁰² NPFDB (2009). *Malaysian Population and Family Survey (MPFS), 2004*

UNGASS progress report on HIV in 2010 reported that in 2009, 477 girls below the age of 14 (32 were in fact under 10 years) had gone for HIV testing in preparation for marriage, presumably to older men²⁰³. Many cite poverty as the reason for early marriage but whatever the reason allowing child marriage is to court death for these girls whose bodies are not even mature.

Child marriage is still legally permitted in Malaysia. Civil law for non-Muslims permits the marriage of girls at 18 years of age with the consent of the Chief Minister and for Muslim girls; marriage below 16 is permitted with the consent of the religious officials.²⁰⁴

g) Preventing Trafficking and Smuggling in Persons, Particularly Girls and Women

The Council for Anti-Trafficking in Persons and Anti-Smuggling of Migrants is headed by the Ministry of Home Affairs Secretary General. The Council for Anti-Trafficking in Persons (MAPO) was established under the Anti-Trafficking in Persons Act 2007 which came into force on 28 Feb, 2008²⁰⁵. In 2010 the act was amended to include the functions of the council and also the various penalties and punishment under the Act. With the amendment the act also covers the smuggling of migrants, MAPO is now known as the Council for Anti-Trafficking in Persons and Anti-Smuggling of Migrants.

With anti-trafficking legislation and support services that are in place the government needs to fully implement and enforce the law to deal with the multidimensional problem that comes with each case. There is a need to discreetly distinguishing trafficked victims from migrant workers and people arrested for prostitution²⁰⁶.

²⁰³ AIDS/ STD Section, Disease Control Division, Ministry of Health, Government of Malaysia. (2010). *UNGASS Country Progress Report*.

²⁰⁴ Ministry of Women, Family and Community Development. (1999). *National Policy on Women*

²⁰⁵ The Commissioner of Law Revision, Malaysia. *Laws of Malaysia Act 670 - Anti-Trafficking in Persons Act 2007*.

²⁰⁶ United Nations Office on Drugs and Crime (UNODC). (2009). *Global Report on Trafficking in Persons*.

h) Improving the welfare of the girl child, especially with regards to health, nutrition and education

In Malaysia the girl child is accorded the same rights as the boy child to health, nutrition and education and there is no report of discriminating the girl child except in the area of early marriage.

i) Improving the situation of and addressing the needs of rural women

As rural urban migration increases the rural sector sees itself shrinking and Malaysia is becoming increasingly urbanized. However with the migration of the young to urban areas and the longer life expectancy of women it is not surprising that widows who do not want to be in cities with their children continue to live in the rural areas. Rural Development in Malaysia is under the jurisdiction of the Ministry of Rural and Regional Development. Many programmes are carried to uplift the community communities but not necessary for the development of just the rural women.

In 2005 “Entrepreneurial Skills: Empowering Rural Women” was launched to increase awareness and understanding of micro credit and micro financing of the public, with special attention given to the rural population and women. Partners of this project include:

- Ministry of Entrepreneur and Cooperative Development (MECD),
- Malay Chamber of Commerce Malaysia (MCCM) and
- United Nations Development Programme (UNDP)

The project also aimed to equip rural women with entrepreneurial skills through a series of workshops, hands-on training which included elements of ICT and business coaching in various micro enterprise aspects of branding, labeling, packaging, marketing and promotion.

Women’s participation in the *Jawatankuasa Kemajuan dan Keselamatan Kampung* (JKKK, Village Development and Security Committees) is low throughout the country. These committees are not local governments. In 2009, out of the 15,460 committees throughout the

country, only 161 committees had a woman Chairperson, which equates to 1% [Data from the Malaysian National Council of Women's Organizations (NCWO).]

j) Engaging men and boys to promote male participation, equal sharing of responsibilities such as care work

There is no report of such programmes been carried out specifically to engage men and boys to promote male participation, equal sharing of responsibilities such as care work. However all curriculum on reproductive health for adolescents (by NPFDB as well as FRHAM) carry sessions on this aspect of gender.

k) Ending Female Genital Mutilation/Cutting

In Malaysia Muslim women are not subject to genital mutilation/cutting.

7.6 Achievements in addressing issues related to gender equality and empowerment of women.

a) Gender Budgeting

Gender budgeting is a development concept that seeks to incorporate a gender perspective into the national budget, thereby enabling a government to revise its policies and priorities and the resources required-to achieve the goal of gender equity. The primary goal of gender budgeting to achieve equality between women and men through gender mainstreaming - is consistent with the human rights principle of equality and non-discrimination. GRB enhances governance by encouraging, among other things, accountability, participation, equity, efficiency and transparency. Because it works through the budget the most important policy tool of a government, the gender budget approach has gained wide acceptance as an effective tool for advancing gender mainstreaming within government. In Malaysia, the GRB initiative is led by the Ministry of Women, Family and Community Development (MWFCD) with technical and financial assistance provided by the United Nations Development Programme (UNDP). It began

with a pilot project in four (later five) ministries tasked with testing and refining the approach and format for gender budgeting in Malaysia²⁰⁷.

A pilot project on Gender Responsive Budget was initiated in 2003 with technical and financial assistance provided by the UNDP. Five ministries were identified and implementing the concept of gender budgeting which is led by the Ministry of Women, Family and Community Development (MWFCD). The pilot project involved the Ministry of Education, Ministry of Higher Education, Ministry of Health, Ministry of Human Resources and Ministry of Rural and Regional Development.

To strengthen the implementation, a Circular was issued in 2004 which obligated all ministries in the pilot projects to prepare their operating budgets using the gender budgeting approach and for the budget year 2006-2007. The directives were later issued through Circular No. 2 in 2007 and Circular No. 2 in 2009, to reiterate the importance of gender responsive budget by encouraging other ministries/agencies to utilize gender budget analysis approach in preparing their budget submissions. A Circular No. 3 in 2012 was also issued to ensure the continuity on the integration of gender element in the budget preparation by all ministries.

In line with the budgetary reform by the Government towards Outcome Based Budgeting (OBB), the MWFCD is taking steps to enhance the implementation of gender responsive budget in the OBB. Therefore, a workshop was held by the MWFCD with the cooperation of Asian Development Bank (ADB) and the Asia-Pacific Community of Practice on Managing for Development Results (APCoP) to mainstream gender in planning and budgeting in Malaysia and to promote the sharing of knowledge and experience with the selected countries.

²⁰⁷ Ministry of Women, Family and Community Development. (2005) *Gender Budgeting in Malaysia*.

b) Appointment of Gender Focal Point (GFP)

Gender Focal Points (GFPs) were appointed in 2004 to assist the Government in the implementation of gender mainstreaming initiatives. These include:

- a. to ensure the policies and legislation that have been enacted or amended in the ministries and departments taking into account the gender perspective;
- b. to assist the Government in the implementation of the National Policy on Women and Plan of Action for the Advancement of Women and other governments policies; and
- c. to coordinate the collection of sex disaggregated data.

GFPs were appointed from senior officers with grade 54 and above for each of the ministries and relevant agencies.

To ensure that gender initiatives can be implemented more effectively, the Deputy Secretary General of the Ministry and Deputy Director General of the departments were appointed as GFP beginning August 2010. Currently, 42 GFPs have been appointed where 24 GFPs are from the ministries and 18 GFPs are from the departments.

To ensure that GFPs are able to carry out their roles and responsibilities effectively, two intensive workshops were held in 2011. The workshop aimed to increase GFP^s understanding on the concept of gender, their role and functions as GFP in the agencies as well as gender analysis skills.

7.7 Five most relevant issues regarding gender equality and empowerment of women that are anticipated to receive further public policy priority for the next five to ten years.

- a) Continued participation of women in the workforce. We know there is an UNDP study on identifying those factors that cause women to stop work in their early child bearing years. This study should lead to programmes that will women to continue working and thus contribute to the development of the country.

- b) Monitor and revitalize the role of the Gender Focal Point in various Ministries so there is a process of monitoring as well facilitate the collection of sex and age desegregated data.
- c) Need to find ways and means to arrest the increase in child marriages (<19 years).
- d) There is a need for programmes to increase of male participation in care work.
- e) Greater emphasis should be places on Anti-Trafficking in Persons and Anti-Smuggling of Migrants especially in women and girls.

7.8 Monitoring mechanisms that in place in the country to ensure the implementation of policies and programmes promoting gender equality and empowerment of women and addressing gender based violence

Monitoring mechanism in place in the country to ensure implementation of policies and programmes promoting gender equality and empowerment of women and addressing gender based violence include the following:

- a. National commissions on women
- b. National human rights institutions
- c. Parliamentary commissions
- d. Social accountability mechanisms and/or administrative mechanisms
- e. Gender statistics dissemination and publications/gender statistics integrated into management information systems – by Dept. of Statistics and Ministry of Women, Family and Community Development
- f. Conducting periodic population-based surveys - National population and Family Survey (once every ten years)

7.9 An assessment/situation analysis on gender equality and empowerment of women at the national and/or subnational level in the last five (5) years

Not as one complete assessment but sections of it are covered in various reports, namely:

- The National Population and Family Survey by NFPDB every ten years.
- The National Health and Morbidity Survey every five years.

7.10 national laws responding to the following ICPD priority areas related to gender equality and the empowerment of women

ICPD Priority area	Promulgation	Ministry/ Enforcement
a) Women's property rights, including right to own, buy, and sell properties or other assets equally with men	Amendments to Distribution Act 1958 in 1997	
b) Access to financial services, including credit and negotiation of contracts in woman's own name	Women have equal access as men financial services, including credit and negotiation of contracts in woman's own name	
c) Legal equal rights for women to inheritance	Civil Law Accords equal rights for women to inheritance. Inheritance for Muslim women falls under the Syariah Law	Ministry of Justice - Federal courts State laws over Muslims - Syariah Courts
d) Protection of women's property through harmonized laws on marriage, divorce, succession and inheritance	Civil Law Accords equal rights for women to inheritance. Inheritance for Muslim women falls under the Syariah Law	Ministry of Justice -Federal courts State laws over persons professing the religion of Islam - Syariah Courts
e) Provision against gender discrimination at work (in hiring, wages, benefits, etc.)	Employment Act 1955	
f) Provision against sexual harassment	Amendments to Employment Act. e.g. adding sexual harassment at workplace	
g) Measures against trafficking and smuggling of persons, particularly women and girls	Anti Trafficking Act 2007	
h) Provision for paid maternity leave	Employment Act 1955	

i) Provision for paid paternity leave	Public sector (JPA)	
j) Criminalization of rape and other forms of sexual exploitation	Penal Code	
k) Criminalization of marital rape	Marital rape is still not considered a criminal offence. In 2006, the Penal Code was amended and the concept of rape within marriage was introduced into the legislation. An earlier exception was left to remain in the Penal Code, which states "Sexual intercourse by a man with his own wife by a marriage which is valid under any written law for the time being in force, or is recognized in Malaysia as valid, is not rape." ²⁰⁸	
l) Criminalization of intimate partner violence	Penal Code	
m) Ensuring men's financial support to their children	Muslim men who divorce their wives are usually instructed by the Syariah Court to pay child support. For non-Muslim, it is guided by the Law Reform (Marriage And Divorce) Act 1976	
n) Provision regarding minimum legal age at marriage for females of less than 18	Yes	
o) Criminalization of sexual exploitation of young people, particularly girls	Convention on the Rights of the Child (CRC) that ratified in 1995 Anti-trafficking in Persons Act adopted in 2007	
p) Preventing the use of children in pornography	Convention on the Rights of the Child (CRC) that ratified in 1995	
q) Protecting the girl child against harmful practices, including FGM/C	No FGM in Malaysia	

²⁰⁸ Malaysia NGO CEDAW Alternative Report Group. (2012). *CEDAW and Malaysia – Malaysian NGO's Alternative Report in implementing the CEDAW*. Women's Aid Organization (WAO)

r) Day-care centres /facilities for breast-feeding mothers (public sector)	Child Care Centre	
s) Day-care centres /facilities breast-feeding mothers (private sector)	Guidelines for the establishment of child care centres at the workplace by Corporate and Business Employers.	UNICEF in corporation with the Companies commission of Malaysia
t) Discourage polygamy	Law Reform (Marriage And Divorce) Act 1976	

7.11 On a scale of 1-4, indicate to what extent the following priorities on gender equality and empowerment of women are addressed in the current national context

Priorities on gender equality and empowerment of women	Level of priority (1=low; 2=somewhat low, 3=somewhat high, 4=high)
a) Increasing women's access to banking and credit	4
b) Institutionalizing gender responsive budgeting	3
c) Eliminating discrimination against working women, including pregnant working women	3
d) Increasing provisions to enable both spouses to take family leave	2
e) Promoting equal access and control over household resources	2
f) Increasing participation of men and boys in promoting gender equality and empowerment of women (including prevention of GBV and FGM/C)	2
g) Promoting policies to encourage involved fatherhood including for care work	2
h) Addressing skewed sex ratios	2
i) Promoting grass roots and community-based participation in the implementation of policies/programmes on gender equality	2
j) Informing communities about the consequences of child marriage and early childbearing	3

7.12 Three civil society organization (CSOs) whom the Government has partnered with in the past five years.

Name of CSO	Type of CSO	Government unit which partnered with	Area of CSO involvement
National Council of Women Organizations (NCWO)	National CSO	NFPDB	Education & Training Advocacy & Policy Formulation
Coalition to Abolish Modern-day Slavery in Asia	International CSO	NFPDB	Service Delivery Awareness Raising & Social Mobilization
All Women's Action Society Malaysia (AWAM)	National CSO	NFPDB	Education & Training

7.13 Three private Sector partners whom the Government has partnered with in the past five years.

No report of work with the private sector.

7.14 Three examples where the Government has been engaged in international cooperation via the provision or receipt of financial and/or technical assistance in the area of gender equality and empowerment of women over the past five years.

Name of country and government unit providing international cooperation	Name of the country and government unit receiving international cooperation	Type of international cooperation	Activities conducted
UNDP	NFPDB	Finance and technical	Research

Conclusion and Recommendations

1. Malaysia has made great strides towards the provision of education all girls and because fewer girls drop out, many continue on to higher education and it is therefore not surprising to find than more than sixty percent of the Public University students are female. However this is not reflected in employment for women (only 47% are in paid employment.)

However women are mainly employed in the lower paying manufacturing, service and community, and social sectors. Furthermore many women are not in the workforce because of the lack of child care services. Although incentives are given to the private sector to set up child care centres many do not, thus requiring many women go give up working to take care of their children. Therefore if the Government wants to see a return to their investment in education for girls appropriate child centres must be made available.

2. Despite the education achievements of women, many positions of power in the private sector are still in the hands of men although the public sectors are doing better. Women in political power (Ministers) are even more dismal. This is despite greater representation of women in the political arena. There is therefore a need address this poor representation.
3. Malaysia has not made any inroads into engaging men and boys to promote male participation and equal sharing of responsibilities in family care work. There has been no report of policy or programmes being introduced yet. It is well recognized that such a change in mind set must start with young children and therefore there has to be conscious efforts made to ensure that the school curriculum includes elements of male participation in family care work.
4. The appointment of Gender Focal Points in all ministries has been formalized and the focal points themselves trained. It is hope the in the next few years we should be able the witness the results of their appointment in the form of gender equality in policies and program, budgets as well as in the collection of sex disaggregated data coming from the various Government sectors.
5. There is also a dire need to address the increasing child marriages. Despite the officially ages for marriage there are loopholes in the law to allow parents to decide when their daughters should get married. The convention on the rights of the child should be revoke to protect these children because early marriage robs them of a childhood and an education without which they may be doom to a life of misery. Parents must be educated on the health implications of early marriage.

SECTION 8: POPULATION, DEVELOPMENT AND EDUCATION

Introduction

Education in Malaysia is overseen by two government ministries. The Ministry of Education (*Kementerian Pelajaran*) handles matters pertaining to pre-school, primary school, secondary school and post-secondary school, while matters regarding tertiary education are dealt with by the Ministry of Higher Education (*Kementerian Pengajian Tinggi*), formed in 2004. Although education is the responsibility of the federal government, each state has an Education Department to coordinate educational matters in its territory. The main legislation governing national education is the Education Act of 1996. Education may be obtained from the public school system, which provide free education for all Malaysians, or private schools, or through homeschooling. By law, primary education is compulsory.

The classification of tertiary education in Malaysia is organized upon the Malaysian Qualifications Framework (MQF) which seeks to set up a unified system of post secondary qualifications offered on a national basis both in the vocational as well as higher educational sectors. Students have the option of enrolling in private tertiary institutions after secondary studies. Private universities are also gaining a reputation for international quality education and students from all over the world attend these universities. Many of these institutions offer courses in cooperation with a foreign institute or university, especially in the United States, the United Kingdom and Australia, allowing students to spend a portion of their course duration abroad as well as getting overseas qualifications. Many private colleges offer twinning programmes whereby the student does part of his degree course here and part of it in the other institution. Some of them are branch campuses of these foreign institutions.

In 2006, the Education Development Master Plan 2006–10 was released. The Master Plan set a number of goals, such as establishing a National Pre-School Curriculum, setting up 100 new classes for students with special needs, increasing the percentage of single-session schools to 90% for primary schools and 70% for secondary schools, and decreasing class sizes from 31 to

30 students in primary schools and from 32 to 30 in secondary schools by the year 2010. The Blueprint also provided a number of statistics concerning weaknesses in education. It was also stated that 4.4% of primary students and 0.8% of secondary students had not mastered the 3Rs (reading, writing and arithmetic). The drop-out rate for secondary schools was given as 9.3% in urban areas and 16.7% in rural areas.

The philosophy, objectives and strategies of human resource development are as follows:

- Expanding the supply of highly skilled and knowledgeable manpower to support the development of a knowledge based economy based on education and training. The education system will be re-oriented to enable students to acquire a higher level of explicit knowledge as well as thinking and entrepreneurial skills.
- Increasing educational facilities and quality training to enhance income generation capabilities and quality of life. Educational facilities will be increased through the construction of centralized schools in remote areas as well adequate facilities, infrastructure and trained teachers.
- Improving facilities for quality education and training system to ensure that manpower supply is in line with technological changes and market demands. School curriculum will be reviewed to generate creativity and independent learning among students as well as incorporate new aspects of knowledge and technology and more innovative teaching methods.
- Promoting lifelong learning to enhance employability and productivity of the labour force. Employers will be encouraged to promote lifelong learning through training and retraining to equip workers with new skills and knowledge.
- Optimizing the utilization of local labour. Efforts will be made to increase participation of women in the labour force by setting up facilities such as kindergartens and ensuring better access to training opportunities. Efforts will also be made to reduce dependence on foreign workers.

- Increasing the supply of S&T manpower. The capacity of S&T educational and training programmes will be expanded and enrolment increased to achieve the 60:40 ratio of Science to Arts students in order to create a critical mass of S&T personnel.
- Accelerating the implementation of the Productivity-Linked Wage System (PLCS). The adoption of the guidelines for a Productivity Linked Wage System, established in 1996 will be intensified through seminars, workshops and company visits. The online network database on productivity benchmarking in the manufacturing and agriculture sectors will be expanded to include other sectors.
- Strengthening labour market information system to increase labour mobility. The implementation of an electronic labour exchange with fully integrated, coherent and dynamic labour market information system will be accelerated.
- Intensifying efforts to develop and promote Malaysia as a regional centre of educational excellence. Local public and private universities will be encouraged to establish and develop centres of excellence comparable to those in top ranking universities.
- Reinforcing positive values. Efforts will be intensified to inculcate and reinforce positive values through the educational and training system. These values include good work ethics, diligence, integrity, tolerance, gratitude, respect for authority, punctuality and pursuit of excellence are characteristics of a high quality workforce.

Malaysia has made significant commitment to achieving education for all and to improving its national education system. This is clearly reflected in a significant financial investment in education, comprehensive educational plans, and numerous policy reforms to meet evolving national aspirations and global demands. The Government provides free education up to the secondary level, and primary education is compulsory for all. The primary and secondary enrolment ratio was around 94% and 70% in 2007-2009. In a report on Malaysia Education Policy Review (M-EPR), UNESCO noted that “Malaysia is not only on track to achieve the Millennium Development Goal of Universal Primary Education but will also be close to universal schooling in lower secondary education by 2015”.

Tertiary education has been rising rapidly. In 2010 the total enrolment stood at 1,134,134 (of which 589,880 were enrolled in private institutions of higher learning). Females have overtaken the males in tertiary education with a gender parity index of 1:1.23²⁰⁹. According to a UNESCO report, the tertiary gross enrolment ratio (defined as total enrolment in tertiary education regardless of age, expressed as a percentage of the official school-age population for tertiary education) had reached around 40% for both sexes in 2009 (about 45% of the females and 35% for the males), and females made up 56% of the total enrolment in tertiary education²¹⁰. This shows that Malaysia has “over achieved” the MDG for gender equality in education²¹¹.

8.0 ICPD Objectives:

- To achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in, and support for, education;
- To promote non-formal education for young people, guaranteeing equal access for women men to literacy centres;
- To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity.
- To increase awareness, knowledge, understanding and commitment at all levels of society so that families, couples, individuals, opinion and community leaders, non-governmental organizations, policy makers, Governments and the international community appreciate the significance and relevance of population-related issues, and take the responsible actions necessary to address such issues within sustained economic growth in the context of sustainable development;

²⁰⁹ Ministry of Higher Education: Statistics of Higher Education in Malaysia
http://www.mohe.gov.my/web_statistik/perangkaan_2010.pdf

²¹⁰ UNESCO, 2012

²¹¹ United Nations Country Team Malaysia, (2011). *Malaysia: Millennium Development Goals at 2010*.

- To encourage attitudes in favor of responsible behavior in population and development, especially in such areas such environment, family, sexuality, reproduction, gender and racial sensitivity;
- To ensure political commitment to population and development issues by national Governments in order to promote the participation of both public and private sectors at all levels in the design, implementation and monitoring of population and development policies and programmes;
- To enhance the ability of couples and individuals to exercise their basic right to decide freely and responsibly on the number and spacing of their children, and to have the information, education and means to do so.

Report

8.1/8.2. National policy, programme and/or strategy addressing education issues

The following national policy address education issues in the country:

The National Educational Policy (implemented by MOE) was last revised in 2012. The target groups are students 4 to 18 years.

In 1960, a committee was set up to review the implementation of the education policy. The Rahman Talib Report made several recommendations which were subsequently incorporated into the Education Act 1961. These included the abolishment of school fees at primary level (implemented in 1962), the use of Bahasa Malaysia as the main medium of instruction, and automatic promotion to Form 3, thus increasing basic education to 9 years. Universal education was raised to 11 years in 1979 based on the recommendations of the Cabinet Committee Report on Education. The report also gave emphasis to school curriculum to ensure the acquiring of the 3Rs (reading, writing, and arithmetic) at the primary level. In 2003, primary schooling was made compulsory under the Education Act 1996.

To attain the objective of becoming a developed nation by 2020, as envisaged in Vision 2020, the education sector's strategic thrust now centres on reducing the gap in student performance between the urban and rural areas and among the states, improving the delivery system in line with technological change, and creating a knowledge-based economy²¹².

The Education Development Plan for Malaysia (2001-2010), takes into account the goals and aspirations of the National Vision Policy to build a resilient nation, encourage the creation of a just society, maintain sustainable economic growth, develop global competitiveness, build a knowledge-based economy (K-economy), strengthen human resource development, and maintain sustainable environment development. The Third Outline Perspective Plan (2001-2010) and the Eighth Malaysia Plan (2001-2005) outlined the strategies, programmes, and projects to increase the nation's economic growth towards building a united, just and equitable society as well as meeting the challenges of globalization and K-economy. The ultimate aim of these long and medium-terms plans is to build Malaysia into a developed nation based on its own mould. These plans have great implications on the national education system²¹³.

Malaysian Educational Blueprint is at the drafting stage. This is a long term policy for the period 2013-2025 is being drafted, and various programmes and strategies will be implemented by MOE to target at students age 4 -18 years old. The Blueprint aims to ensure that all citizens have the opportunity to twelve years of education in terms of access, equity, and quality. The Blueprint also aims to further develop the potentials of individuals in a holistic and integrated manner so as to produce individuals who are intellectually, spiritually, emotionally, and physically balanced in line with the National Education Philosophy. In addition, the Blueprint plans to nurture creativity and innovativeness among students; enhance learning culture; effective, and world-class quality education system; and promote Malaysia as a centre of education excellence. The major thrusts of the Blueprint are to increase access to education, increase equity in education,

²¹² United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

²¹³ <http://planipolis.iiep.unesco.org/upload/Malaysia/Malaysia%20Education%20development%20plan%202001-2010%20summary.pdf>

increase quality of education, and improve the efficiency and effectiveness of education management. The Ministry of Education (MOE) will continue with the equitable distribution of educational inputs to ensure students obtain appropriate learning experiences from all educational programmes. The Blueprint focuses on the development of preschool, primary, secondary, and tertiary education levels which will be strengthened through the development of support programmes, funding, management, and integration of information and communication technology (ICT)²¹⁴.

Policy to Uphold Bahasa Malaysia and to Strengthen the English Language (MBMMBI) is being implemented by the Curriculum Development Division of MOE targeting at students age 7-18 years for, for the period between 2012 and 2021.

Programmes

Literacy and Numeracy Screening Programme (LINUS) is a remedial programme designed to ensure students acquire basic literacy and numeracy skills at the end of three years of primary education. It is implemented by the Curriculum Development Division of MOE targeting at students aged 7 to 9 years.

Text Book On Loan Scheme

The textbook-on-loan scheme was introduced in 1975 to reduce the financial burden of parents with low incomes and also to ensure access to education for every child. The criteria for eligibility for the loan are based on the parents' or guardians' income and the number of school-going children. However, beginning 2008, the government has granted that all students regardless of their parents' or guardians' socioeconomic background are given free textbooks.

²¹⁴ Ministry of Education (September 2012), Preliminary Report, Malaysia Education Blue Print 2013-2025. Ministry of Higher Education, 2011. Statistics of Higher Education, Malaysia

Supplementary Food Scheme

The supplementary food scheme in schools was introduced after a survey conducted in 1972 revealed that the majority of school children, especially those in rural areas, came to school without breakfast. In addition, many children were undernourished. This scheme was introduced in 1976 as part of the National Applied Food and Nutrition Programme, organized by the Prime Minister's Department, and was primarily for schools in rural areas, as part of its community development service. The implementation of this programme was taken over by the MOE in 1980. Currently, 0.5 million of the 3 million primary school children benefit from this scheme. This programme is aimed at children whose parents earn RM400 or less per month. About RM123 million is spent annually on the supplementary food programme. Apart from improved health, the rate of attendance has improved for children from poor families.

School Health Programme

A School Health Plan was introduced in 1967 with the objective of producing school pupils who are healthy and productive. After more than three decades since its implementation, this concept has been expanded. In 1995, WHO introduced the Health Promoting School Project (HPSP). With the cooperation of the MOH, the MOE provides health and dental services for primary school children from Primary 1 to Primary 6. In terms of health services, the height and weight of primary school children are taken and recorded. In addition, referral services are provided. Immunization is given to children aged 6–7 years. Female pupils in Primary 1 are given rubella immunization. In line with this concept, Malaysia carried out its pioneer project in six states and the Integrated Health School Programme was launched in 1997.

School Milk Programme

In the 1970s, the Ministry of Agriculture ran a programme to supply milk to schools, especially rural schools. From 1983, the MOE, with the assistance of a number of local milk manufacturers, started a new programme. The School Milk Programme which complements the Supplementary Food Programme is specifically for the poor and under-privileged pupils. Under

this programme, these children receive two to three packets of milk per week. Funds spent on this programme totalled more than RM16 million per annum.

Special Education

Malaysia has implemented a number of programmes to reduce disparities in education, one of which is in the area of special education. To reduce educational disparities between normal and special children, the MOE set up the Special Education Department in 1995. This is in line with the International Declaration on Education for All (1990) and the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993).

Teacher Education

The Teacher Education Division (TED) formulates policies and guidelines for the training of pre-service and serving teachers which include formulation, implementation, and evaluation of teacher education curricula; selection of teacher trainees and course participants; and the planning and coordination of staff training programmes. Three pre-service teacher-training programmes are run by the TED, including the Diploma in Teaching for candidates with high school certificates; the Postgraduate Diploma in Teaching for degree holders, and the Teaching of English as a Second Language (TESL) programme for undergraduates. Special Diploma or Professional Development courses are conducted for teachers to upgrade their professional knowledge and skills. The proportion of untrained teachers at primary level has been gradually reduced and was about 5 per cent in 1998. The majority of untrained teachers are found in rural schools. However, special measures are nevertheless taken to send better trained teachers to serve in the rural schools; and living quarters for teachers are provided. It is envisaged that during the Third Outline Perspective Plan (OPP3) period (2001–10), an increasing number of primary school teachers are expected to be degree holders, some with postgraduate degrees as well as qualifications in child psychology. At the end of the Seventh Malaysia Plan (1996–2000), 3,000 teachers with a Master's qualification, together with a total of 36,500 non-graduate teachers for primary schools, were trained. The government's emphasis on raising teaching standards through improving the quality of its teachers is further evidence

of its commitment to educating the Malaysian population. The current goal is for 50 per cent of primary school teachers to have university degrees. To achieve this goal, a special degree programme was designed in 1999 to upgrade non-graduate teachers. This is a one-plus-two programme (one year at a selected teachers' college and two years at a university that offers teacher education training). The TED also provides computer training for primary school teachers in the Smart Schools which promote teaching and learning through the use of multimedia. In addition, by the end of the Seventh Malaysia Plan, the teacher training curriculum was revised to incorporate the use of computers and multimedia, especially in subjects such as Mathematics, Science, Bahasa Malaysia, and of English Language. To forge better usage of computers and learning methods that emphasized practical learning, teachers were trained to use various teaching aids, such as computers, improved textbooks, and new teaching guidelines, especially for students in Primary 4, 5 and 6. Short courses were also implemented during the Seventh Malaysia Plan to upgrade teachers' skills. Improved public examination results are evidence of the successful implementation of these efforts in improving teachers' skills. The passing rate for Mathematics improved from 68 per cent in 1995 to 76 per cent in 2000, while that for Science, increased from 75 per cent in 1995 to 78 per cent in 2000.

8.3/8.4 Institutional entities to address issues regarding education

The Ministry of Education (MOE) and Ministry of Higher Education (MOHE) are the principal institutions that implement the National Education Policy.

MOE was the only principal institution until 2004 when the Ministry of Higher Education or MOHE was set up in 2004. It is responsible for determining the policies and direction of higher education in Malaysia. MOHE has the vision to turn Malaysia into a centre of excellence for higher education.

- The Malaysian Qualifications Agency or MQA (under MOHE) is a statutory body in Malaysia set up to accredit academic programmes provided by educational institutions providing post secondary or higher education and facilitate the recognition and articulation of qualifications.

- Universities and colleges
- Private sector training providers
- Funding organizations (PTPTN, PTPK)

Perbadanan Tabung Pendidikan Tinggi Nasional, better known as PTPTN (English: National Higher Education Fund Corporation), is an agency created to provide education loans as a form of financial assistance to students with financial needs in order to aid them in pursuing a higher education. PTPTN also manages a student's savings scheme for higher education purposes.' PTPTN started in 1997 when the government came up with the policy to corporatize higher education institutions especially local universities.

Skills Development Fund Corporation (PTPK) provide loans for trainees to undergo skills training. In 2013 budget, the Government allocated RM440 million to PTPK to benefit 40,000 trainees undertaking the Malaysia Skill Certificate Level One to Five

Besides MOE and MOHE, other ministries, such as the Ministry of Agriculture and Agro-Based Industry and Ministry of Rural and Regional Development), also implement education programmes in rural areas, particularly the provision of schools for pre-schoolers. In the rural areas, accessibility to education is provided with the support of other ministries which include the Ministry of Transport, the Ministry of Energy, Water and Communications), the Ministry of Information, and the Ministry of Health. Private agencies, NGOs, associations, and religious bodies are also involved²¹⁵.

²¹⁵ United Nations Country Team Malaysia (2005). *Malaysia: Achieving the Millennium Development Goals – Successes and Challenges*.

8.5 ICPD issues regarding education in the national context during the last five (5) years

8.5 a) Keeping more girls and adolescents in secondary schools

Government provides free education and educational support for all up to secondary level. Girls outnumber boys in institution of higher learning.

8.5b) Ensuring equal access of girls to education at all levels (primary, secondary and tertiary)

The policies, programmes and strategies taken to address these issues include:

- Education Act 550 of 1996 amended in 2002
- Providing Educational Support
- Providing hostels in day schools

The Education Act 550 of 1996 and amended in 2002 is legal framework to provide for compulsory primary education. The act stipulates that every parent is obliged to enroll his child in primary school upon attaining the age of six and the child shall remain as a pupil in a primary school for the duration of six years. Any parent who does not oblige to the act will be imposed punishment by a fine not exceeding five thousand ringgit or imprisonment for a term not exceeding six months or both. The education sector is allocated the largest share of the federal budget to improve educational infrastructure, and to schools and educational facilities.

8.5c) Improving educational infrastructure, such as separate toilet facilities and adequate transportation

Schools built include separate toilet facilities for girls, boys and teachers. Schools are built throughout the country to ensure easy access. Budget allocated on schedule.

8.5d) Facilitating school completion for pregnant girls

This issue was addressed by the establishment of School of Hope (Sekolah Harapan) – transit for pregnant teenagers. The concrete measures were undertaken to reduce number of girls who do not complete their secondary education. (No mention of schedule).

8.5e) Improving the safety of pupils, especially girls, in and on their way to school

Section 13 of the Education Act: Provision 130 of the 1996 Education Act – under this act, the Minister of Education is empowered to enforce the safety standards in schools, including management of safety for students' activities, safety during crisis, emergencies and natural catastrophe, safety of school infrastructure, safety in dealing with social issues, safety in coping with risks. Programmes are conducted by schools based to ensure the safety of the children. Modules are provided to assist teachers in organizing such programmes/activities. On schedule

8.5f) Revising the contents of curricula to make them more gender-sensitive

No policy or programme has been drafted or implemented to address this issue.

8.5 g) Revising the contents of curricula to incorporate population issues, where appropriate

Population issues and reproductive health issues are incorporated into the various subjects in schools, such as geography, history, sciences, moral studies, mathematics and economics. Kurikulum Asli Penan Programme (KAP) – for the indigenous population. An Assessment Research Report based on KAP programme implementation (2007-2010) done in year 2011.

8.5 h) Promoting non-formal opportunities for education and literacy

Adult Class for Orang Asli, the Indigenous and Penan -Kelas Dewasa Asli Penan (KEDAP). Introduced in 2008 as a support programme for Orang Asli in Semenanjung and Penan of Sabah and Sarawak. The parents are exposed to very basic literary skills and importance of education to future generation. With the new acquired knowledge and skills, it is hoped that they are able to play a crucial role in encouraging their children to get proper education in school.

NGOs and community centres provide informal education to members of their respective communities.

8.5i) Providing training and employment opportunities to out-of-school girls and illiterate adults

No policy/programme –not a major problem.

8.5j) Promoting age-appropriate sexuality education and counseling in schools

Counseling Programmes with no budget allocation - conduct a communication campaign to raise awareness amongst school children.

Education Curriculum in the national education system. Budget was allocated for Health Education Curriculum which consists 75% of sexuality education (named as *PEERS*).

8.5k) Incorporating population and SRH information into the teachers' training curricula

No policy/programme

8.5l) Conducting information campaigns on population issues in the context of a national population policy

NPFDB publishes articles in newspapers, newsletters and bulletin, and occasional appearance in TV and radio to provide information on population issues such as ageing, delayed marriage, youth in development and reproductive health. Conferences and seminars were held to discuss population issues. The active IEC campaigns which was part and parcel of the national family planning programme in the early stage has not been actively carried out since the 1980s.

8.5m) Addressing gender-based violence and bullying in schools

Committee on students with disciplinary problems (Jawatankuasa Induk Menangani Gejala Disiplin Murid)

Anti truancy programme (Programme Anti-Ponteng Sekolah)

(Establishment of Crime Prevention Clubs at all primary, secondary and government aided schools)

Measures taken include conduct of awareness campaign, exhibition, motivational course, talk by enforcement officers (Police and Prison Department).

8.5n) Incorporating comprehensive sexuality education into young people's formal education

Education Curriculum in the national education system. Health Education Curriculum which consists of 75% of sexuality education is revised and improved appropriately from time to time.

8.5o) Incorporating life planning skills into young people's formal education

Curriculum and extra-curriculum activities on Living Skills included in the National School Curriculum.

8.5p) Incorporating sexual and reproductive health and life planning skills into non-formal education and vocational training for young people

No policy/programme.

8.5q Reaching out-of-school youth with SRH information and services

Cafe@Teen programme, a pilot project implemented by NPFDB, (described in more detailed in section 5).

FRHAM youth and out-reached programmes - under the 2008-2012 UNFPA funding, FRHAM implemented a project on reaching out to disadvantaged youth to address SRH needs and HIV prevention through peer education

The limited information and services for out-of-school youth including SRH services are due to the Government policy that does not provide family planning services to the unmarried.

8.6. Achievements in addressing issues related to education

Please comment

<p>Name of the issue (mentioned in question 8.5 above)</p>	<ul style="list-style-type: none"> • Indiscipline (isolated cases to specific groups) • Urban-rural divide in academic achievements • Males lagging behind females, behind. In 2009, gross enrolment ratio of males in institutions of higher learning was only 35% for males as compared to 45% for females). • Certain mismatch in education due to changing job market demand arising from new technology or development. • Graduate unemployment - A tracer study conducted by the Ministry of Higher Education shows that out of a total of 185,836 fresh graduates in 2011, 24% were still unemployed 6 months after graduation for various reasons • Feminization of the teaching profession
<p>Achievements (cite the reports):</p>	<ul style="list-style-type: none"> • Almost universal primary education²¹⁶ • Reduce gender gap (but males are now lagging behind) • High enrolment in tertiary education (gross enrolment ratio of about 40%) due to the expansion of tertiary education in both public and private sectors, including twinning programmes • Malaysia is able to attract increasing number of international students, making it the regional educational hub
<p>Facilitating factors</p>	<ul style="list-style-type: none"> • Government budget and commitment^{217,218} • Plan to recruit the best qualified to the teaching profession • Private sector played an important roles, including the setting of branch campuses of foreign universities
<p>Barriers</p>	<ul style="list-style-type: none"> • Government policy of not providing SRH information and services to the unmarried, • Escalating educational cost • Shortage of teachers in certain subjects, such as English

²¹⁶⁻²¹⁷ United Nations Country Team Malaysia (2011). *Malaysia: Millennium Development Goals at 2010*.

²¹⁸ Economic Planning Unit, Prime Minister's Department (2010). *Tenth Malaysia Plan (2011-2015)*.

8.7 The most relevant issues regarding education that are anticipated to receive further public policy priority for the next five (5) to ten (10) years

- Addressing the issues of mismatch in higher education and job market to enhance the employability of graduates
- Males lagging behind females in tertiary education
- Improvement in Mathematics and Science²¹⁹
- Meeting the challenges of knowledge based economy²²⁰

8.8 Has the country conducted an assessment/situation analysis on education at the national and/or subnational level in the last five (5) years? IF YES, cite the report

The 2010 population census collected information on educational attainment of all Malaysians, but the data has not been analyzed.

8.9/8.10 Does the country have a national programme on comprehensive sexuality education in school curricula?

Nil

8.11 Civil society organizations (CSOs) whom the government has partnered with in the area of education over the past five (5) years

- Department of Road Safety (Jabatan Keselamatan Jalan Raya, JKJR) with MOE on awareness raising and social mobilization, and also in the area of education and training through the following activities:
 - Road Safety Education
 - the establishment of Road Safety Club (*Kelab Keselamatan Jalan Raya*) using *internet, poster, competition and quiz*
 - Community Based Programmes as support programmes to road safety education

²¹⁹ National Economic Advisory Council (2009). *New Economic Model (NEM) for Malaysia, Part I, Strategic Policy Directions*.

²²⁰ Economic Planning Unit, Prime Minister's Department (2001). *Third Outline Perspective Plan (2001-2010)*.

- Traffic Wardens stationed at schools (*Keredaan Trafik di sekitar sekolah*)
- Police Force (Government) and People's Volunteer Corps also known as RELA, a national NGO with MOE, with a programme called Omnipresence – a joint patrol initiative at 612 schools and 17 international schools nationwide
- Malaysian Crime Prevention Foundation (MCPF), a national NGO with MOE, in the area of awareness raising and service delivery through the establishment of Crime Prevention Club to promote public awareness in crime prevention at all times, in addition to getting public participation in crime prevention efforts of the Government and other interested parties
- Various NGOs being visited by students from secondary schools and institutions of higher learning as part of the community service in our education system, to inculcate the spirit and values of sharing and caring.

8.12 Private sector partners with whom the government has partnered with in the area of education over the past five (5) years

- Private Colleges and Universities
- Private companies such as EMKAY Foundation work with MOE in the area of service delivery, and education and training through joint activities on awareness and motivational programmes, provision of subsidy and School Adoption Program
- Federal Land Development Authority (FELDA) with MOE in the area of service provision, education and training as well as with MOHE in the area of research and development for FELDA's youths.
- Private companies providing industrial training to students from institutions of higher learning

Conclusion and Recommendations

Malaysia has placed great emphasis on education and human resource development. The education sector has always been allocated the largest share in the national budget. Primary education is nearly universal, and the enrolment ratio in secondary schools is about 70%. Due to the rapid expansion of tertiary education with the setting up of more public and private institution of higher learning (with twinning programmes), the gross enrolment ratio for tertiary education was about 40% in 2009. Malaysia also emphasizes vocational and technical training through the setting up of polytechnics and community colleges.

Despite the remarkable achievements, there remain some challenges as identified in this survey, which must be addressed. The following recommendations are provided to achieve the objectives of further improving education and human resource development in Malaysia.

Recommendations

M-EPR (by UNESCO) provides recommendations for system-wide improvement in five educational areas of national priority: teacher development, curriculum development, learning assessment, ICT in education and technical and vocational education and training, as well as overarching systemic issues²²¹.

Recommendations from Second Population Strategic Plan Study (NPFDB)

- Raise the profile and standard of Malaysian schooling through
 - Raising the leadership qualities of school principals
 - Attracting the best graduates into teaching; improving pay, working conditions and promotion prospects of school teachers; and
 - Reducing the reliance on double-shift schooling
- Skill training programmes are a useful way to channel young people who are not able or not wanting to pursue higher education. Technical/skills training infrastructure should be

²²¹ <http://www.unescobkk.org/education/news/article/malaysia-education-policy-review-a-systems-approach-to-education-reform/>

harmonized, with the private sector taking the lead, but the public sector also involved. Skill training programmes should also include family life education and life skill training for youth in the curricula

- Research the reasons for non-participation in the labour force of qualified women, and act on these reasons through specific policies
- Special efforts should be made to provide basic special education to meet the needs of marginalized groups such as disabled children (children with special needs), children of Orang Asli and the Indigenous population and Sabah and Sarawak, and children of migrant workers
- Efforts should be made to increase the participation of women in the labour force. In doing so, the impact on the family, family life and family formation should be borne in mind.